



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

UNIVERSITY OF CALIFORNIA
MEDICAL CENTER LIBRARY
SAN FRANCISCO



EX LIBRIS

"Multum in Parvo"

THE MEDICAL BRIEF

A Monthly Journal of
Scientific Medicine and Surgery

J. J. LAWRENCE, A. M., M. D.

Editor and Proprietor

\$1.00 PER YEAR — IN ADVANCE

VOLUME XXXIII, 1905.

Index to Medical Brief

VOLUME XXXIII, 1905.

A	PAGE.
A Bad Wound With a Good Recovery.....	174
A Dangerous Thing.....	103
A Discussion of the Most Leading Questions which Confront the Human Mind.....	987
A Few Jottings from Arkansas	663
A Good Bracer—Sick Headache	759
A Little True Story, Illustrative of the Reversed Relation of Specialist and General Practitioner	846
A Lost Catheter Regained.	80
A Matter of History	991
A Nut to Crack.....	992
A Plea to the General Practitioner in Behalf of All Those Suffering From Hypertrophy of the Prostate.....	214
A Political Directory.....	354
A Practical Insole.....	362
A Queer Case.....	663
A "Rung Shell" Case.....	56
A Singular Case.....	990
A Twenty-Pound Baby....	758
A Variety of Findings Between Cause and Effect	964
Abdominal Brain, Views on the	475
Abdominal Cases, Report of Two	26
Abortion, Necessary.....	591
Abortion, Pathological Conditions of Mother or Fetus, Warranting the Induction of.....	222
Abscess, Pelvic, Vaginal Puncture and Drainage for	884
Abscess, Peritonissilar....	622
Abscess, Suburethral.....	623
Abuse	105
Acetanilide	745
Acne, Treatment of.....	512
Acne Vulgaris, Some Remarks Upon the Treatment of.....	553
"Active Air".....	566
Adenitis, Tubercular, in Children from Three to Ten Years of Age.....	461
Adenoid Vegetations.....	305
Adenoid Vegetations, Post-Nasal, in the Negro....	631

	PAGE.
Adenoma, An Interesting Case of.....	896
Adrenalin	157
After-Coming Head, Management of the.....	782
Alcohol	387
Alcohol in Medicine....	985
Alcohol, Wood, Pernicious Uses of.....	410
Alcoholism, Acute.....	157
Alum	52
Amaurosis, Tobacco, Diagnosis of	53
An Improved Syringe and Urethral Irrigating Nozzle	666
An Interesting Case....	991
Analysis, Urinary, A Preliminary Study to.....	797
Anatomical Material, Some Observations Upon the Preservation of.	400
Anesthesia; Dental.....	368
Anesthetics, Who Is Competent to Administer?... ..	893
Answers to Contributors.	759
Appendicitis, Catarrhal... ..	557
Appendicitis (So-called) and Its Treatment....	64*
Appendicitis, Some of the Difficulties in the Diagnosis of Recurrent Attacks of, With Case Report	861
Appendicitis, Static Electricity in.....	652
Apocynum Cannabinum..	163
Application, Local.....	338
Are Proprietary Medicines Ethical?	150
Arsenization	806
Arthritis, Rheumatoid, On the Group Classified as..	597
Asclepias	763, 926
Asthma 91, 736, 918, 972	
At What Age is a Man at His Best?.....	359
Aural Polyp, The Treatment of.....	124

B

Babe, New-born, Washing the	52
Backache, A Simple Cure for	188
Bandaging, Practical, of the Scrotum and Perineum	802
Bath, The Continuous....	636

	PAGE.
Be Practical and Self-Reliant	279
Beechwood Creosote	56
Begins to Kick.....	434
Bellevue's Diet Kitchen... ..	358
Beware of the Fanatic....	845
Bladder, Irritable, in the Female	656
Blood Examination, Diagnosis of Disease by—	
A Clinic	61
Book Notices...93, 269, 1003	
Breasts, How to Develop the	937
Brief Talks.....	51, 155
Bright's Disease, Acute, Digitalis in.....	999
Brodnax, Dr. Ben H., In Memoriam of.....	1002
Bronchitis	54, 55
Bronchitis, Chronic, in the Aged, Treatment of....	764
Burns	92, 171, 238
Buttermilk as an Infant Food	869

C

Calcium Fluoride	53
Calcium Sulphide	823
Calculus, Vesical, The Value of a Negative vs. a Positive Diagnosis in.	895
Calomel, The Use and Abuse of	952
Can Not Understand Him.	201
Cancer of the Breast, Case of, Treated Successfully by Medicine.....	248
Cancer, The Treatment of.	706
Carbolic Acid a Scientific Magic	505
Carbolic Acid a Scientific Magic (Supplement)....	756
Carcinoma of the Rectum	469
Cardiac Remedies, Thoughts Regarding Some of Our.....	699
Carry Sunshine With You	4
Catarrh, Can It Be Cured?	43
Catarrh in the Head....	89
Causes	249
Cerebro-Spinal Meningitis, 433, 438, 474, 578, 647, 676, 981	
Chemical Synthesis as Applied to New Remedies.....	630

	PAGE
Chemistry and Psychology	
—Chemistry of the Body	
as Affected by Adverse	
or Favorable Emotions	
—Psychology, Chemis-	
try and Magnetism of	
Love, etc.	558
Chicken-Pox	348
Chills and Fevers	999
Chloasma (Liver Spot	
Disease)	873
Chloriasis, Asthma, Em-	
physema of the Lungs,	
The Therapeutic Effect	
of Carbonic Acid Gas in	
202, 283	
Cholagogues, The Therapy	
of	261
Cholera Infantum, Acute. 758	
Cholera Morbus	793
Chorea	51, 191
Choreiform Movements... 190	
Cigarette Evil, The..... 722	
Cigarette Smoking..... 199	
"Cimicifuga"	805
Circumcision, A Few	
Points on	864
Circumcision, A Few	
Points on—Technique	
of Operation..... 943	
Circumcision, A Simple	
Method by Which Oper-	
ation of, is Reduced to	
a Minimum	750
Cirrhosis of the Liver,	
Unusual Case of..... 87	
Climate, Change of..... 53	
Clinical Notes, Some.... 148	
Cod Liver Oil Prepara-	
tions	189
Cold, Common Head, The	
Treatment of a..... 578	
Cold, Neglected..... 189	
Collections	56
Coma and Delirium in	
Continued Fevers..... 565	
Conceit of Man..... 98	
Constipation, Chronic, Its..	
Treatment	265
Consumption, For the Pre-	
vention of..... 341	
Consumption, Pure Air	
For	432
Convulsions	845
Cooks and Doctors..... 358	
Cough Following Colds,	
432, 475	

D

Dandruff	91
Dangers	924
Death, A Physiological	
View of	725
Dental Diseases and the	
Medical Practitioner... 533	
Deplorable	999
Der Country Doctor..... 88	

	PAGE.
Diabetes and Its Surgical Treatment	542
Diabetes Mellitus	773
Diabetes, Oxygen in the Treatment of	67
Diagnosis, A Question of	624
Diagnosis, Blood, Predetermination, Revelation and Treatment of Disease by	326, 361
Diagnosis, Deficient.....	224
Diagnosis, on the More Frequent Use of the Aspirating Needle as a Means of.....	786
Diagnosis, Physical, Minor Details of	790
Diarrhea, Chronic	89
Diarrheas of Infancy, The Newer Studies in the..	459
Diarrhea With Night Sweats	91
Diet	266
Diet and Destiny.....	58
"Dietetics"	651
Diphtheria, ...	748
Diphtheria, Laryngitis and Tonsillitis, Common-Sense Antitoxin for...	496
Diphtheria, Treatment of	263
Diseases of Children, Importance of a Thorough Examination of the Throat in	986
Dislocation, Congenital, of the Hip, Treatment of, by the Lorenz Method of Manipulation.....	774
Do Not Halt.....	7
Dressings, Plaster Paris, Removal of	155, 375
Drink Habit, Cure of the, by Hypno-Suggestion..	705
Drink Habit, The.....	408
Dropsy, Specific Treatment of, or Anasarca in	75
Drowning, Cause of Death in	842
Drug Addict, The.....	757
Dysentery of Childhood, Castor Oil in.....	746
E	
Echfolta Cream.....	170
Echinacea Angustifolia...	587
Eclampsia, Puerperal...	157
Eczema, A Plan for the Treatment of, in the Hands of a General Practitioner	891
Eczema, The Treatment of	39
Editorial. .1, 97, 193, 273, 353, 433, 518, 593, 683, 763, 843, ...	923
Editorial Notice.....	513
Education	65, 65

	PAGE.
Egg, The Yolk of and the White of, Cures.....	276
Electricity in Medicine...	781
Electro-Static Machine, The	76
Electro-Therapeutics, The Principles of.....	120
Elimination	262
Embalming the Dead, the Principles and Practice of	363, 446, 527
Empyema of Gall-Bladder, Two Cases of, With Some General Remarks on Gall-Stones..	28
Enteralgia and Colic.....	720
Enuresis	590
Epilepsy	487
Epilepsy and Its Mental Relation—Epileptic Automatism, or Psychical Phases of Epilepsy...	462
Epistaxis, Its Causation and Treatment.....	206
Epithelioma of the Skin..	788
Ergot, The Non-Obstetric Uses of.....	885
Erysipelas	52, 53
Ethics, A Curious Idea of.	198
Examination Illinois State Board of Health, January 19-21, 1905.....	424
Examination Questions of the Indiana State Board of Medical Registration and Examination...	591, 680
Examination Questions of the University of the State of New York, ...	760, 840, 1000
Examinations, Medico-Legal	304
Examinations of State Board of Medical Examiners—New York.....	342
"Excretory Irritation," or the Correlation of Symptomatic Skin Rashs With Other Organic Inflammation.	17
Expert Medical Witnesses.	753
Eye Strain, Measurement of	555
Eye Treatment, A Plea for Milder	57
Eyes in Health and Disease, The Care of the..	929
Eyesight, Abnormal—Responsibility for Its Correction	670
F	
Faddists	250
Feeding Children.....	435
Feeding, Infant, A Few Important Details Necessary for	963

	PAGE.
Fever	57
Fever, Aestivo-Autumnal	
Malarial, Some Remarks on	711
Fever, Childbed, Some Notes on	429
Fever, Enteric, Jugulated.	667
Fever, Enteric or Typhoid.	753
Fever, Malarial, The Cause of	397, 485
Fever, Scarlet, Etiology, Lesions and Symptoms of	941
Fever, Scarlet—Its Etiology and Channels of Infection	521
Fever, Speculative	357
Fever, Typhoid..	53, 156, 351
Fever, Typhoid, A Case of.	837
Fever, Typhoid, Laboratory Diagnosis of....	632
Fever, Typhoid, On Diet in	896
Fever, Typhoid, or What?	185
Fever, Typhoid, The Treatment of	183, 188, 760
Fever, Typhoid, Various Types of	508
Fever, Yellow	765
Fever, Yellow, Epidemic 1905, Lessons Learned from	897
Fever, Yellow, Treatment of	795
Fibro-Sarcoma, An Interesting Case of, Involving the Tendon of Gastrocnemius Muscle	773
Fibroids of the Uterus in Pregnancy and Labor..	595
Fibroids, Remarks on Treatment of	700
Financial Success	3
Finger Prints	847
Fistula, Rectal, Promptly, Completely and Permanently Cured Without Operation.....	133
Food In Health and Sickness	924
For Example	99
Forewarned	265
Forceps Application, A New Resource In.....	427
Fracture Box for Infant.	78
Fracture, Colles, Some Remarks on	960
Fractures of the Leg, A Few Suggestions in the Treatment of	712

G

Gall Bladder Disease, Early Surgical Interference In.....	513
Gall-Stone Disease, Concerning the Surgical Treatment of.....	894

	PAGE
Gall Stones....	196, 635, 758
Gall-Stones, Signs and Symptoms of	704
Gastralgia	57
Gastritis, Chronic Hypersthenic	535
Genito-Urinary Surgery, Briefs on—Vasectomy for True Spermatorrhea and Prostatorrhea....	143
Germs, Rivals of.....	820
Germs, The Origin of...	168
Gonorrhea, Chronic ...	56
Gonorrhea of Women, The Technic of Diagnosis In	161
Governmental and Municipal Ownership	684
Graft	842
Gun-Shot Wounds, Some Observations on, with Brief Reports of Three Cases of Wounds of the Abdominal or Pelvic Viscera	471
Gynecological Examinations, The Value of...	962
Gynecological Hints.....	452

H

Halitosis, Bad Breath....	254
Harelip, A Satisfactory Operation for	713
Health, The Secret of, and Its Possession.732, 830,	915
Heart Disease, Physical Treatment of.....	675
Heart, Fatty Degeneration of the.....	801
Heart, Irritable.....	191
Heart Lesions From a Purely Clinical Standpoint	317
Hemorrhage	157
Hemorrhage, Idiopathic, of the Lingual Tonsil..	151
Hemorrhoids	512
Hemorrhoids, External, The Pathology and a Satisfactory Method of Treating	961
Hemorrhoids, Internal... 312	
Hernia, Femoral, The Diagnosis and Treatment of	955
Hernia, Inguinal.....	125
Hernia, Inguinal, and Certain Forms of Hydrocele, The Relation of the Unobliterated Funicular or Vaginal Process to the Production of	690
Hernia, Inguinal, Implantation of Omentum in as a Radical Cure....	519
Hip Joint Disease.....	945
Education	65, 654

	PAGE.
Hitch Your Wagon to a Microbe	496
Hook Worms—Pertussis.	90
How About Your Diploma?	429
How Do You Like It?...	198
How Long?.....	277
How to Have Universal Peace	280
How to Keep Bright, Clean Instruments.....	656
How to Live a Hundred Years	619
How to Reduce Temperature Safely Without Antipyretics	55
How to Succeed as a Doctor	7
Hydrophobia Versus Madstone	669
Hygiene, Infantile	45
Hygiene, Oral.....	954

I

Idiosyncrasy	103
If My Boy Becomes a Doctor	825
In Old Roseau—An Idyl of the Caribbean, 241, 337, 414	
Incontinence of Urine, The Essential	871
Independence and Liberty	274
Indigestion	102
Indigestion and Bilio-ness	52
Indigestion, Nervous ...	51
Individualism	2
Infant Mortality, Our Frightful, Caused by Poverty, Disease and Ignorance	420
Infants, Artificial Feeding of	186
Influenza, "Complications" of	569
Inquiry Department..	89, 189
Insanity In Private Practice, On the Management of, With Some Hints as to Prognosis.	11
Insanity, Incipient... 439, 687	
Inspection of Beef by Microscope	978
Intellectual Progress....	236
Intestinal Tract, The Ferments of the.....	466
Intussusception, Remarks on the Causes of Mortality In, and on the Advantages of Prompt Operative Interference in the Treatment of This Condition	715
Iodides, The Therapeutics of the	803

	PAGE
Investigate	270
Iritis, Diagnosis and Treatment of.....	547
Irritation, Spinal — Its Cause and Cure.....	814
It Is Not Treason Now..	594
It Is Too Bad.....	436
It Was Intuition.....	989

J

Jaborandi	185
Joiners	275
Joints, Swollen Rheumatic	960
Journalistic Enterprise..	8

K

Kidneys, Floating.....	192
------------------------	-----

L

La Grippe.....	267
Labor, A Peculiar Case of	352
Labor, Cystic Tumor Complicating	268
Labor, Painless.....	428
Laws, Medical....3, 154,	504
Laryngitis, Spasmodic....	795
Lemons, Medicinal Potency of.....	418
Lengthening the Body...	92
Let Me Whisper in Your Ear	355
Liberality, A Plea for....	922
Life and Its Struggles...	157
Life, Health, Disease and Death, Potential Energy, Irritability and Stimulation, the Indefatigable Factors of.....	660
Light, A Study on. A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner,	49, 152
Liquid Air and Its Therapeutical Possibilities...	128
Liquor Ferri Sulphatis	415
Little Things in Treatment of Little Folks...	925
Lock-Jaw, How Indians Cure—A Fact Intertwined With Romance and Therapeutics	72
Locomotor Ataxia	345
"Love, The Psychology, Chemistry and Magnetism of"	993
Lubrication in X-Ray Exposures	874
Lung Development—The Lungs Both Give and Take	300

M

	PAGE
Machine Medicine.....	278
Macrotys—Black Cohosh.	511
Malaria	465, 649
Malaria and the Mosquito	992
Malaria, The Prevalence of	385
Marriage	79
Marriage and Divorce.	217, 308
Mastication	683
Measles	383
Medical Fisherman, The.	427
Medical Liberty	683
Medical Life in London..	293
Medical Reorganization..	416
Medical Law, How It Is Used in Washington...	655
Medical Paris.....	608
Medicine, Modern	51
Medicines, Liquid, The Superiority of.....	306
Medicines, Liquid, Superiority of Over Alkaloids	449
Menopause, The.....	318
Mental Depression, States of	927
Milk, Pure, The Need of and the Difficulties Met With in Procuring It..	554
Miscarriage	507
Mistaken Ideas in August	752
MEDICAL BRIEF	752
Mistakes, Recital of....	431
Moles, Hydatidiform	87
Monopoly	422
More Caution Necessary.	355
Mr. Heron-Allen's Contribution to Medicine..	266
Multiple Examination...	512

N

Names, Instead of Principles	273
Nasal Cavities, The, and the General Practitioner	451
Nasal Deformities, Traumatic External, Correction of.....	468
Necrosed Bone of Head, Case of.....	258
Negro Problem, The....	903
Nervines	192
Nervous System, The, as a Vital Keyboard.....	9
Nervousness	723
Neuralgia, Testicular....	190
Neurasthenia	190
Neuritis, Alcoholic, A Contribution to the Pathology of.....	518
Nightmares	197
Nineteen Hundred and Five	1
Nursing	644
Nux Vomica Versus Strychnine	323

O

	PAGE
Obstetrics, A Case In....	906
Obstetrics, A Peculiar Case In	86
Obstetrical Case, An Interesting	84
Oculo-Motor Centers, Effect of Lenses Upon the	984
Oil of Hyssop.....	192, 430
Only Sees Flaws.....	101
Operation, Clamp and Cautery, The Pain Following the.....	296
Ophthalmia Neonatorum.	10
Ophthalmology, Modern, Some Elements In....	389
Opportunity	844
Orders All Beards Cut Off	200
Organized Schemes.....	199
Ovary, A Case of True Abscess of the.....	653

P

Pains, Pelvic.....	384
Paralysis, Infantile, Notes on Tendon Transplantation In.....	778
Paris Hospitals and Post Graduate Work in Paris	205
Parisian Medical Chat	492
Pelvic Brain, The—The Cervico-Uterine Ganglion	560
Pemphigus	146
Pharmacy, Modern Advancement in	48
Phimosis—An Error of Diagnosis	47
Physical Development, Necessity of	710
Piles, Internal	760
Placenta Previa—Drug Addiction	510
Plant Chemistry.....	97
Plant Structures Versus Plant Fragments.....	401
Pleurisy Following Mumps	346
Pneumonia 176, 495,	551
Pneumonia, External Treatment of.....	155
Pneumonia, Fatality In..	998
Pneumonia, Is Drug Treatment Useless In?.....	256
Pneumonia Not Necessarily Fatal.....	251
Pneumonia, Report of a Case of.....	325
Pneumonia, Some Observations on.....	419
Pneumonia, To Abort....	512
Pneumonia, Treatment of	83, 181, 588

	PAGE.
Poison Ivy.....	678
Poisoning by Kerosene or Petroleum	757
Poisoning, Lead, Chronic.	114
Polypl, Uterine.....	516
Post-Graduate Course....	55
Post-Nubial Outrages....	454
Pregnancy Complicated with Inflammatory Disease of the Pelvic Organs	799
Pregnancy, Extra Uterine, A Frequent Mistake in.	515
Pregnancy, Extra-Uterine, A Case of	749
Pregnancy, Uremia of, Report of Two Cases of..	303
Preventive Medicine, 243, 333, 405, ...	481
Pro Bono Publico.....	426
Proctitis	530
Prostate, Hypertrophied, Histories of and Deductions from Thirty Operations for	967
Prostate, Hypertrophied, Observations Concerning the Bottini and Other Operations for...	827
Prostate, Hypertrophied, Some Abnormalities of the Bladder and Prostatic Urethra, Due to..	912
Prostatectomy, Is It the Cause of the Enuresis That Sometimes Follows This Operation?..	641
Prostatectomy, Perineal, Technic of as Used in Thirty Cases.....	574
Prostatectomy, Some Questions of Interest to the General Practitioner Regarding.....	497
Prostatectomy, Suprapubic	739
Prostatic Disease	92
Prostatic Hypertrophy—Its Relief by Perineal Operation	298
Prostatodynia	304
Prostitution, A Plan to Regulate	381
Prostitution, Etiology of.	723
Protect Your Normal Vitality	356
Pruritus	54
Pruritus Vulvæ.....	89
Psoriasis, The Treatment of	987
Psychic Powers of Man, Some Interesting Points Relating to the, Hypnotelepathically Demonstrated	580
Publicity	6
Pyorrhea Alveolaris, Oral Disturbances from.....	792
Pyrosis	189

Q

	PAGE.
Question?	431

R

Railway Surgery.....	228
Rectal Examinations, Concerning	221
Rectal Examination in Children	325
Regular Board Medical Examiners, State of Georgia	506
Remedies for Specific Conditions	540
Reminiscences of a Country Practice.....	679
Reminiscent Chats, 8, 106, 201, 282, 360, ...	436
Renal Disease, Serious, On Some Conditions in Which the Presence of Albumin and Casts in the Urine Does Not Necessarily Indicate .	375
Replies	88
Rheumatism, Blood Conditions in.....	671
Rheumatic Diathesis, Basic Facts Anent the Rheumatism	191
Rheumatism, Articular... ..	90
Rheumatism, Diseases Which May Be Mistaken for	287
Rheumatism, Inflammatory	54
Rheumatism, Pathology and Treatment of.....	455
Rhinitis, Atrophic, The Treatment of.....	144
Ringworm, School, A New Cap Film Treatment for	767
Roentgeno-Therapy.....	282
Rupture, Subcutaneous, of Femoral Artery, Report of a Case of.....	796

S

Sabbatia Angularis.....	657
Scabies and Its Simplest Form of Treatment... ..	393
Scalp Wound	55
Sciatica	91, 430
Sciatica, Some Hydrotherapeutic Methods of Treating	557
Scotland, The Universities of	696
Sea-Sickness, The Use of Bromide In and In Combination with Drugs...	520
Semi-Revolution of the Earth—Evolution of the Brain	839
Serum	281

PAGE.

Sex and Tide Cycle.....	751
Sex—Dr. Lussier Answered	336
Sex Question, The... ..	423, 665
Sex Question, The—Sexual Hygiene of the Hebrews	996
Shams	2
Small-Pox	21, 818
Small-Pox, The Effect of Vaccination on....	677, 921
Some Practical Items.....	509, 650
Special Notice.....	97
Spleen, Hypertrophy of the	175
Sprains of the Ankle Joint, With Particular Reference to the Diagnosis from Fractures..	472
Sprains, On the Treatment of.....	219
State Board of Medical Examiners	747
State Medicine.....	104
St. Vitus Dance.....	189
Sterility in American Women	859
Sterility, Prognosis in.....	40, 140
Stillingia Sylvatica—Stillingin	738
Stimulant, A, An Age That Craves	399
Stomach, Some of the More Commonly Encountered Conditions of the, and Their Diagnosis	685
Stomach Trouble	51
Stomach Troubles, A Plea for More Thorough Examination in	511
Stop and Think.....	100
Strength, The Keynote to "Subinvolution of the Abdominal Wall After Childbirth"	122
Success and Optimism	198
Suggestion, Therapeutic: What Is It?.....	412, 490
Suggestion, What Is?.....	59, 500
Suicide	444
Summer Complaint.....	510
Surgery, Abdominal and Pelvic—Some Factors That Prevent Success in	315
"Surgery, Gynecology and Obstetrics"	764
Surgery, Intestinal.....	743, 833
Surgery, Modern, A Brief History of, 69, 165, 257, 327, ...	402
Surgery, Modern, Retrospective View and Discussion of, Compared With the Administration and Application of Scientific Medicines....	339

	PAGE.
Surgery, Rectal, The Passing of General Anesthesia in.....	628
Surgical Operations vs. Medication.....	730
Sycosis of the Beard....	686
Sympathetic System, The, and Pelvic Lesions	867
Syphilis	90, 265, 488
Systemic Disease, Are the Teeth of Diagnostic Value In?	27

T

Tabes Dorsalis.....	625
Tape Worm—Simple But Effectual Remedy.....	92
Teach Us How to Think..	246
Texas State Board of Medical Examiners, Meeting of.....	432
The Abnormal Slanderer.	105
The American Doctor....	196
The Diagnostician.....	281
The Folly of Dissembling.	594
The First Baby.....	742
The Growth of the Science of Medicine and the Progress of Medical Education in the United States.....	23
The Good-Natured American	543
The Ideal Physician.....	177
The Issue.....	332
The Late Dr. C. D. F. Phillips	195
The Only Danger.....	193
The Other Side.....	5
The Outlook for the Beginning Practitioner...	164
The Physician and the Philosopher	610
The Physician vs. The Bacteriologist	234
The Practical Man.....	923
The Pretender.....	197
The Provincial Hospitals of England.....	371
The Relation of Clinical Pathology to Practice.	870
The Wise Guy.....	279
Theoretical Versus Practical	593
Therapeutics, The Un-ulatory Theory in.....	417, 479
Thought, The Good and Bad Effects of	702
Thoughts, Morbid	771
Throat, Sore.....	156
Tides, The Cause of the..	901
To Old Doc	85
To Make Rules for the Other Fellow.....	434
To Whom Do You Belong?	99
Tonsillitis	52
Tonsillitis, Follicular ...	55

Tonsillitis or Quinsy	1002
Tonsillotomy	378
Truth Versus Authority..	275
Truth Will Out.....	357
Tuberculosis	975
Tuberculosis—A Preventable and Limitable Disease	379
Tuberculosis, Alcohol for —Whiskey, Beer and Wine Useful for Consumptives, Says Dr. Wiley	356
Tuberculosis, from a Hygienic Standpoint	892
Tuberculosis, Gastric Membrane in.....	155
Tuberculosis, Pulmonary, Elementary Facts Regarding	616
"Tuberculosis, Pulmonary, The Dangers of the Microscope in the Early Diagnosis of".....	227
Tuberculosis, Pulmonary, The Early Diagnosis of	131
Tuberculosis, Pulmonary, The Modern Treatment of	81
Tuberculosis, Tent Life in the Treatment of.....	986
Tuberculosis, Warfare on —Fat the Germ Destroyer and Equalizer of the Body, with Especial Reference to Oils and Fats in the Prevention and Cure of Tuberculosis	135
Tuberculosis, Warfare on —Lung Excretion and Fermentation as Related to Tuberculosis —The Body Heat and Force—Fat Foods in Their Maintenance for the Prevention of Tuberculosis	228
Tumor	156
Tumors	54
Turpentine—Commonplace Remedies	674

U

Ulcers of the Leg, Treatment of.....	108
Unwise	97
Upper Air Passages, Etiology and Treatment of Some of the More Common Diseases of the..	949
Ureters, Peculiar.....	657
Urethra, Stricture of the..	537
Urethra, The Treatment of the Pathological Conditions of the, by Means of the Modern Urethroscope	375

Urinary Difficulty	90
Use All.....	98
Uterine Disorders and Spinal Irritations; My Present Methods of Treating—The Evolution of an Idea.....	907
Uterine Hemorrhage Caused by Fibroids, The Treatment of.....	109
Uterus, Abdominal Section for Adherent Retroflexion of the.....	708
Uterus, Curettage of the..	701
Uterus, Malignant Diseases of the, The Importance of Early Diagnosis in.....	394
Uterus, Retro-Displacements of the, The Importance of the Family Physician In.....	633
Uterus, The Undeveloped	939

V

Vagina, Certain Malformations of the, Surgical Treatment of.....	613
Venereal Sores Clinically Considered	33
Veratrum Viride, Drug Addiction and a Few Jottings on Typhoid Fever	756
Vibration, Mechanical, in Therapeutics	728
Vitality	76, 990
Vocal Cords, A Case of Early Appearance of Bilateral Adductor Paralysis of the, Due to a Mediastinal Growth (Carcinoma)	548
Vomiting	471
Vomiting, Carbolic Acid in	347

W

Walking Before Breakfast	103
Wanted, Information....	192
Warts, Thuja as a Remedy for	202
Water, Boiling vs. the Knife	791
Why	101
Why People Grow Deaf..	212
Why the BRAIN Attracts Attention	194
Witchcraft, Relics of....	905
Women, Intellectual Exercise of.....	428
Wood Alcohol.....	195

X

X-Ray Therapy, Principles and Practice of.....	877
--	-----

INDEX, JANUARY, 1903.

PAGE.		PAGE.		PAGE.	
A Lost Catheter Regained.	80	Empyema of Gall-Bladder, Two Cases of, With Some General Remarks on Gall-Stones.	28	Obstetrical Case, An Interesting	84
A "Rung Shell" Case.	56	Erysipelas	52, 53	Obstetrics, A Peculiar Case in	86
Abdominal Cases, Report of Two	26	"Excretory Irritation," or the Correlation of Symptomatic Skin Rashes With Other Organic Inflammation.	17	Ophthalmia Neonatorum.	10
Alum	52	Eye Treatment, A Plea for Milder	57	Pharmacy, Modern Advancement in	48
Amaurosis, Tobacco, Diagnosis of	53	Fever	57	Phimosis—An Error of Diagnosis	47
Appendicitis (So-called) and Its Treatment.	64	Fever, Typhoid	53	Pneumonia, Treatment of.	83
Asthma	91	Financial Success	3	Post-Graduate Course.	55
Babe, New-born, Washing the	52	Fracture Box for Infant.	78	Prostatic Disease	92
Beechwood Creosote	56	Gastralgia	57	Pruritus	54
Blood Examination, Diagnosis of Disease by—A Clinic	61	Gonorrhea, Chronic	56	Pruritus Vulvæ.	89
Book Notices	93	Hook Worms—Pertussis.	90	Publicity	6
Brief Talks	51	How to Reduce Temperature Safely Without Antipyretics	55	Reminiscent Chats	8
Bronchitis	54, 55	How to Succeed as a Doctor	7	Replis	88
Burns	92	Hygiene, Infantile	45	Rheumatism, Articular.	90
Calcium Fluoride	53	Indigestion and Billousness	52	Rheumatism, Inflammatory	54
Carry Sunshine With You	4	Indigestion, Nervous	51	Scalp Wound	55
Catarrh, Can It Be Cured?	43	Individualism	2	Sciatica	91
Catarrh in the Head.	89	Inquiry Department.	80	Shams	2
Chorea	51	Insanity in Private Practice, On the Management of, With Some Hints as to Prognosis.	11	Small-Pox	21
Cirrhosis of the Liver, Unusual Case of.	87	Journalistic Enterprise.	8	Sterility, Prognosis in.	40
Climate, Change of.	53	Laws, Medical	3	Stomach Trouble	51
Collections	56	Lengthening the Body.	92	Suggestion, What is?	59
Dandruff	91	Light, A Study on, A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner.	49	Surgery, Modern, A Brief History of.	69
Der Country Doctor.	88	Lock-Jaw, How Indians Cure—A Fact Intertwined With Romance and Therapeutics	72	Syphilis	90
Diabetes, Oxygen in the Treatment of	67	Marriage	79	Systemic Disease, Are the Teeth of Diagnostic Value In?	27
Diarrhea, Chronic	89	Medicine, Modern	51	Tape Worm—Simple But Effectual Remedy.	92
Diarrhea With Night Sweats	91	Moles, Hydatidiform	87	The Growth of the Science of Medicine and the Progress of Medical Education in the United States.	23
Diet and Destiny.	58	Nervous System, The, as a Vital Keyboard.	9	The Other Side.	5
Do Not Halt.	7	Nineteen Hundred and Five	1	To Old Doc	85
Dropsy, Specific Treatment of, or Anasarca in	75			Tonsillitis	52
Eczema, The Treatment of	39			Tonsillitis, Follicular	55
Editorial	1			Tuberculosis, Pulmonary, The Modern Treatment of	81
Education	65			Tumors	54
Electro-Static Machine, The	76			Urinary Difficulty	90
				Venereal Sores Clinically Considered	83

BATTLE & CO., Chemists,
ST. LOUIS:

I have used your preparation of opium, known as Papine, in a few cases which seemed to call for full doses of an opiate, and with good satisfaction. One case in particular of appendicitis in a young and nervous child, it acted much better than any other anodyne or nervine which we tried. I shall keep a supply of it on hand to use, especially in cases where I find it necessary to push an anodyne to its full physiological effect, as my experience has taught me it is much more pleasant and safer than the ordinary preparations of opium in such cases.

Machias, N. Y. CLARENCE KING, M. D.

BATTLE & CO., Chemists,
ST. LOUIS:

I have thoroughly tested Ecthol in a chronic leg ulcer, on which I made no progress with other preparations. From the very first application I could notice improvement, and a complete cure in two weeks. I consider Ecthol a splendid thing in ulcers.

Joplin, Mo.

WM. LOTHIAN, M. D.



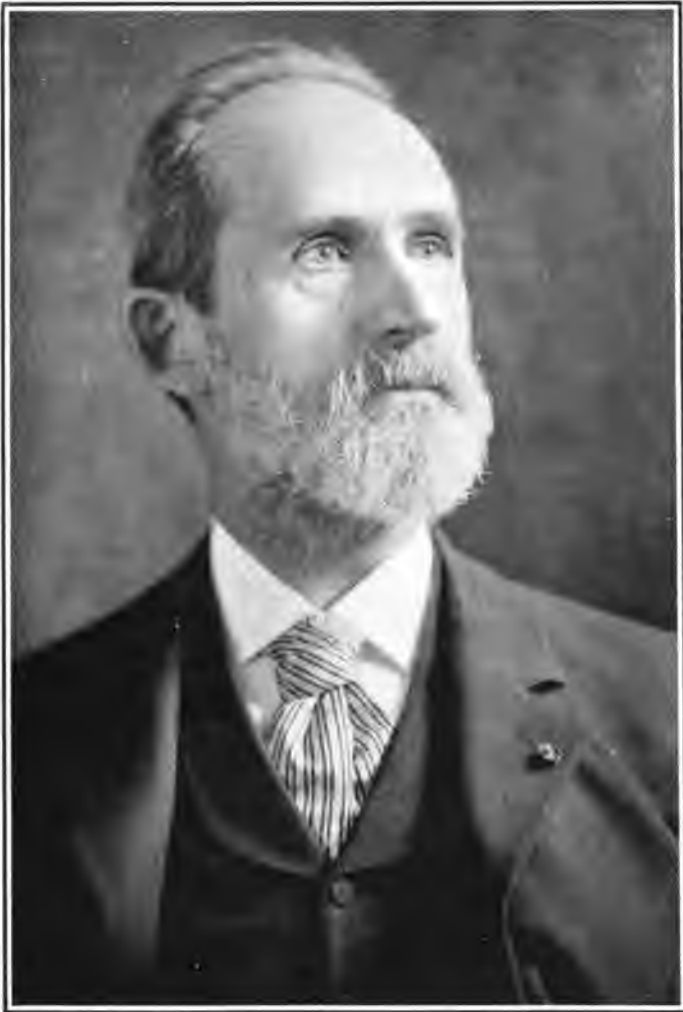
Frederick H. Sibbighan M.D.

Adjunct Professor of Dermatology New York Poly-
clinic; Late Assistant Sanitary Superintendent
New York Health Department; Visiting Phy-
sician St. Joseph's Hospital; Fellow of the
Academy of Medicine; Member of the County
Medical Society, Medical Association of Greater
New York, Etc., Etc. New York City.



J. B. L. Brantley, M.D.

Professor of Obstetrics Birmingham Medical College; Editor "The Alabama Medical Journal;"
Ex-Vice-President of the American Medical Association; Ex-President of the Medical Association of the State of Alabama; Ex-President of Tri-State Society of Tennessee, Georgia and Alabama. Birmingham, Ala.



A. Vanderken M.D.

**Professor of Surgery in the Albany Medical
College; Surgeon-in-Charge of the Albany
Hospital, Etc., Etc. Albany, N. Y.**



William Frederick, D.D.

Instructor of Oral Surgery in the New York
School of Clinical Medicine. New York City.

THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
OF ANY MEDICAL JOURNAL IN THE WORLD

J. J. LAWRENCE, A. M., M. D.,
Editor and Proprietor

Terms, \$1.00 a Year, in Advance
SINGLE COPIES, 10 CENTS

Foreign Subscriptions (Postal Union), 7s. 6d.

NINTH AND OLIVE STREETS
ST. LOUIS

ASTOR COURT BUILDING
NEW YORK

Foreign Office: Auckland House, Basinghall Ave.,
London, E. C., Eng.

VOL. XXXIII. ST. LOUIS, MO., JANUARY, 1905.

No. 1.

Editorial.

1905.

We are pleased to announce that the various efforts put forth to increase the value of the MEDICAL BRIEF have been duly appreciated by the profession. We have received more subscriptions, and a greater number of advertisements in 1904 than in any previous year, and the indications at present are that 1905 will be largely in excess of 1904.

Every doctor now knows that no medical journal printed anywhere contains more practical everyday information of value to the physician than the MEDICAL BRIEF. In fact, most doctors now regard the BRIEF as an indispensable adjunct to practice. We can assure the profession that in the future, as in the past, neither money nor efforts will be spared to continue improving the BRIEF.

We hope the profession will strive to make as much progress in medicine as has been made by surgery. Physicians, through the efforts of the manufacturers

of ethpharmal medicines for physicians' prescriptions, have had the therapeutic properties of many valuable plants made known to them. The knowledge of these fine preparations has opened the way for a scientific study of therapeutics, something impossible without remedies of a definite and uniform strength. The manufacturer of ethpharmal preparations has put a very different face on plant medication. He has studied the plant in its relation to soil, climate, growth, ripening, proper time to gather to obtain the active principles in their best state, whereas before his advent, medicinal preparations were made from dried material, gathered by uninstructed people without any regard to the vitality of the plant, or the use to which it is to be put. Naturally there is a wide difference between an ethpharmal remedy, the result of the most careful selection as to quality of material and process of preparation, and one to which no special thought is given.

A good deal is said about the power of advertising to popularize a remedy. The doctor must remember that neither a drug nor any other article will continue to sell

through advertising alone. It must have merit to sustain it or it will inevitably pass out of use. The ethpharmal manufacturer succeeds only when his preparation is reliable. Advertising simply introduces a remedy to notice; it can not make it succeed. The same holds good in every department of life.

Shams.

The world is full of shams. It is amusing to see one politician abusing another, gravely telling us how bad the other man is, and how good he is. It is also amusing and disgusting to hear one doctor abusing another when both of them are doubtless very good fellows if they could manage a little more tolerance and breadth of mind. Most of all do these emotions move us when we see a medical journal claiming to work solely for the profession, and abusing another because it works for self. As if everybody who knows anything did not know that the two are one and the same. It is only when a man does not know how to work for himself in legitimate ways, when he suffers from mental obliquity of some sort, that he begins to play upon the prejudices of people to enlist their support.

The honest person, the good citizen, the successful professional man, works diligently for himself. He is not afraid nor ashamed to acknowledge it. Why should he make any pretense over it, since it is at once a necessity and an honor to him.

When a man persistently tells people that he is the only honest man in town, most of them take the hint and buy a watch-dog. A man named Shakespeare once voiced the universal doubt of one who protests too much. When a man spends all his time praising himself and abusing his opponents, it dawns upon most of us that he has an axe to grind, and we begin looking for it.

We always know the sham man; can put our finger on him every time. When we find a man accusing another of being rotten in all his views, we are apt to conclude that he is in a nice mellow state himself, for we are all inclined to judge others by ourselves.

The doctor, of all men, should avoid shams; have nothing to do with them.

People who are constantly patting themselves on the back for their services to humanity, and vociferously calling on their kind to bear witness to their value and their own entire disinterestedness, are fools or knaves. In either capacity they do not benefit the doctor. The people who have really benefited humanity have done it silently, unconsciously for the most part, in the course of the day's work, for which they exact and receive compensation. The honest man neither poses nor pretends, he neither exalts nor depreciates his services. He charges a fair price, and tries to give value for what he receives.

Did you ever notice that the self-styled virtuous man is always growling at somebody? When any man constantly asserts that he has all the honesty and virtue there is going, look out for him. Especially look out for him when he tells you he is working for humanity. Every doctor knows that when he does his best for his patient he likewise does his best for himself, and this is true in all other vocations. Such is the reliable man in every department of life.

Individualism.

This is a day in which it has become necessary for those who love independence to fight for individualism. Gradually we have had imported into this country ideas of compulsion. It is sought to force people by law to do certain things which, in a free state, are left to their own volition. And this idea of compelling people to do as the leaders think is getting the ascendancy in all departments of life, contrary to the spirit of constitutional liberty. To such an extent is this so, that the time has come when every patriotic man must fight it.

Every man should be vigorously opposed to the centralization of power, whether it be in the medical profession or in some other department. To encourage individual thinking and enterprise should be the watchword. No man who loves his country or his profession should submit to the leadership of a few. Never let the machine control you in either politics, religion, medicine or business. Always oppose special legislation. In this way you

will help to purify politics from graft, and lighten the taxpayer's burden a little. We do not want any more laws to control somebody.

The United States owes its present proud position to the efforts of the individual. Let every man think for himself, and refuse to be led. Being led simply means slavery of the worst type. The safety and future of this country depend upon whether the people shall resolve to act and think as individuals instead of organizations, machines, etc.

Medical Laws.

Politicians are always wanting to pass new laws because the law is their stock-in-trade. They work the people through their hopes and fears, ignorance and folly, and thus strengthen the machine. Every new law has to have somebody to tend its workings, and all these somebodies are subordinate to the will of the machine.

All these laws obstruct progress by handicapping and hindering a man's efforts to better his condition. When the doctor, living in a bleak New England State, finds it necessary to change his climate for one which is mild and dry, the first thing which confronts him is a medical law which bars him from earning a dollar until he has satisfied its requirements.

This same doctor may have been a successful practitioner for twenty years in his own community. The priceless knowledge of diseased conditions, and of drug indications, learned by observation and experience at the bed-side through these years counts for nothing. He must pass an examination similar to that required of the tyro fresh from medical school.

Such a condition of affairs is as intolerable as it is absurd.

Suppose you have practiced for ten or fifteen years in a small town, and now desire to remove to a city just across the State line and take up a specialty. Before you can do anything else you must put up a fee and take a trip to appear before the examining board of the foreign State to have your qualifications examined into.

The more a man thinks about the absurd situations and inconsistent practices brought about by passing fool laws

the more he is opposed to them all in principle. A diploma from a reputable college should entitle a man to practice anywhere under our flag. If there must be a law at all, it should at least be uniform, a national law, requiring the same examination for all graduates.

Laws do no one any good except the politician, whose game it is. The doctor, as an intelligent, thoughtful man, should use his influence to discourage the growing and unamerican tendency to appeal to law as a remedy for all evils. Such a state of affairs is the politician's heaven and the people's ruin. It has come to us from across seas, and we must do our best to fight and exterminate it. There are principles and precedents in plenty in the old common-law to afford people all needful protection. The special law, as a rule, is but a wedge to introduce some sort of graft. Fees for doing this, that and the other, things which have no sort of right to existence but for the quiescent folly of people who echo the politician's glib and partisan arguments.

How senseless to make a free grant of power to some outsider to tax us, to interfere in our business, to sit in judgment on our capacity, which has already borne the test of years of experience, and had set upon it, in the first place, the seal of a duly-qualified and authorized body.

Do medical laws keep down competition, discourage quacks? By no means. The quacks find an opening of some kind, a mantle of some sort to shelter them. Doctors whose competition would amount to anything are too well-established to remove elsewhere save for pressing reasons. Laws benefit no one but the politician. Why play his game?

Financial Success.

The majority of doctors are hard workers, giving freely of their time, strength and knowledge to their patients. Comparatively few, however, meet with as much financial success as the same amount of effort in other lines of business wins.

The reason is that the doctor does not govern himself by business principles.

For instance, the doctor would stand a much better chance of financial success if he would establish a uniform system of charges, neither too much nor too little, and charge all whom he serves alike.

The old system of charging one man less than a service is worth, and another more because one happens to have more money than the other is not fair to either party, and is essentially unbusiness-like.

The grocer does not vary the price of a barrel of flour or a firkin of butter according to the circumstances of his customers.

The doctor's services are commercial commodities, his fee-bill should represent their value to him, and be uniformly the same. If one man finds it hard to pay the doctor, and another finds it easy, that is none of the doctor's business. He has performed his part, and is entitled to his money. Of course, if he chooses now and then to perform an act of charity, that is another matter altogether. Charity and business do not mix. Most people will pay those who press for an early settlement, and let those who do not go without. If the doctor is a good business man, he will see that his claim is presented in good season, and the fact that his charges are fair and uniform will aid in collecting them.

Another thing. Do not run long accounts. Better sit up half the night over your books once a month. Know just where you stand all the time. If you can not get all your money at once, get part, and take a note for the rest. A man will pay a note quicker than an open account. If you want to make a small discount for prompt cash, that is good business. It should, of course, apply equally to all.

You are just starting a new year. Put your business on a commercial footing, and see how it works for twelve months. Establish a uniform fee bill so that people may know exactly what it will cost them for advice and attendance. Doctors do not altogether realize how many people are held back from consulting a physician by the fear that they are laying themselves open to extortion. These people make good patrons, for they are honest and pay their debts. Moreover, they are the cautious and careful classes,

who believe in prevention, but they fear that the professional advice is beyond their means.

It is more business-like and more profitable in the long run to have your services in demand at reasonable uniform rates than to do the most of your work for little or nothing, and then when you get a chance at a well-to-do man, charge him all that he will stand for, and so disgust and drive him off.

Think about this matter to some purpose. Do not let things run along haphazard. Be systematic and business-like. Most doctors work hard enough to have a handsome balance at the bank if they had their rights. And they do not have them because they do not go to work the right way to get them. And you need money. You can not get on in your profession without new books, new instruments, you want to take more journals, you want to take a trip now and then to pick up new ideas, a post-graduate course, perhaps; you want to buy a home for your family, send the children to good schools, fit your sons for careers.

Start the year right. Inaugurate a sound financial policy as a basis for prosperity, and see if it does not come your way.

Carry Sunshine With You.

By this we mean cultivate a sunshiny disposition so that you may carry its comforting radiance about with you. The doctor, especially, should never forget that happiness is just as contagious as measles. Therefore, he should put aside his worries and sorrows, invest life with the glow of optimism and enthusiasm. Melancholy faces and gloomy thoughts are the reverse of healthful. They should be excluded from the sick-room as carefully as poisonous vapors and noxious odors. We should be as careful to keep the moral atmosphere wholesome as the physical.

The cheerful word, the smile, the kindly, humorous gleam in the eye, the firm grasp of the hand, the clean little joke, no one can compute the good they do. In a few moments they change the whole face of things. All the hysteria which results from morbid brooding over fears

is gone, nothing seems so certain and so natural as recovery. The doctor has brought sanity, hope, courage, optimistic expectancy to do their healing work.

Happiness is an astonishingly good medicine for sick people. The sick are very receptive, responding quickly to manner. Appearances have an exaggerated effect on them. Now, to look happy one must feel happy, and this requires of the doctor that he cultivate optimism and enthusiasm until they become habitual, and he can wear them without awkwardness. It is easy enough for the doctor to find cause for enthusiasm in the noble profession he follows.

If the doctor adopts this course, he will find that the ignoring of the selfish side of his nature is repaid in many ways. First, he is a happier man; second, he is a more successful physician; third, he is a favorite with his patients. They love and depend on him, he is indispensable, and where is there a more gratifying sensation than the knowledge that we are indispensable in our small circle?

Bear in mind what Henry Ward Beecher said: "There never was a person who did anything worth doing who did not really receive more than he gave."

It is really astonishing how far the resolute determination to be happy and hopeful, no matter what turns up, will go in the way of lessening friction, mitigating personal suffering, even diminishing the sense of fatigue for a sunshiny disposition, favors the development of elasticity in the body, and the ability to throw off unfavorable conditions with ease. Everybody is glad to see the sunshiny man or woman, everyone has a kind word, a warm grip for him, it seems a pleasure to do him a favor.

It is strange that people do not realize more keenly the benefits of carrying sunshine wherever they go. Most of us are careful to secure the comforts of life for the body while paying little attention to the health and welfare of the soul. Light and warmth, food and exercise are even more necessary to the indwelling spirit. Physical comfort is an element of happiness, but the man who is always happy can disregard circumstances to a great extent. So be happy. Make it

a part of your plan to be happy. One way to be happy is to read the MEDICAL BRIEF. Whatever may be said about the Editor of this journal, no one ever accused him of being unhappy.

The Other Side.

All men of logical mind are beginning to understand the necessity of reading the other side before coming to a conclusion about anything. There are always two sides to every question. The man who hears only one side regards that as authoritative, final, binding. He does not broaden and grow mentally as he should. The logical thinker, who is accustomed to hear both sides, so develops that it is comparatively easy for him to separate error from truth, know where to look for the nigger in the woodpile. There is nothing that tends to make a man liberal, tolerant, progressive, like hearing both sides of every question.

In the recent Presidential election, it was necessary for a man to read what both sides had to say. A knowledge of the statements of both Parker and Roosevelt was essential to a clear understanding of the situation and its needs. The results of the election clearly demonstrate that the American people believe in a man who *does something*, whose character is unmistakably stamped on everything he says and does. It is plain that the country believes in the sincerity, energy, courage and patriotism of Theodore Roosevelt. The people evidently prefer the positive to the negative man. Everybody likes a man who does something better than one who only criticizes and abuses. The success of Theodore Roosevelt and Grover Cleveland puts this beyond a doubt.

Some years ago a physician consulted us in regard to an obstinate case of indigestion. The patient had tried many doctors, and his trouble had been pronounced incurable. We advised the use of California sylvan olive oil, but, as every physician who had seen the case had advised something different, the doctor decided not to try the oil until he could talk with us personally. A few weeks later he came to St. Louis and called on us.

In describing the case, he said that the man suffered severe colicky pains, and passed large quantities of mucus. We suggested to the doctor that the patient was suffering from colica mucosa, or, in other words, catarrh of the stomach and bowels, these organs being full of mucus. We demonstrated the theory of the oil's action by placing some mucus in a glass, and adding a little oil, which penetrated the mucus, the two passing out together. Practically the same thing takes place in the stomach and bowels.

On returning home, the doctor gave his patient half an ounce of olive oil an hour before breakfast each morning. The result was that the patient was completely relieved, and is now in excellent health. Although several years have elapsed, he has had no further trouble with catarrh, colics, indigestion, etc.

This case illustrates the advantage of taking advice on the other side of a question. So with all questions. There is always another side. Do not give up a patient until you have investigated the other side, and all the various remedies. Do not take anyone's word for it that a patient is incurable.

Publicity.

Publicity is a more reliable weapon to control certain evils and abuses than passing so many laws. There is coming to be a perfect monomania in this country for passing laws which benefit no one except the politician. These laws create new offices, increase our taxes, and engender a false feeling of security, as witness the Slocum and Iroquois horrors.

The newspapers nowadays are full of reported adulterations of food, and discussions are in order as to the best means of preventing this constantly growing evil. A law is not adequate to reach the trouble. We have tried laws before. They are expensive, and do not give results. A detailed public exposure of these adulterations would destroy the industry.

This creates an opening for the services of the analytical chemist in a new field. If offices were opened in each of our large cities to which samples of suspected food might be sent for analysis at a small

fee, the report to contain the name and nature of the substances used for adulteration, together with the process of analysis, so that there may be no mistakes about it, and the name of the manufacturer, there is no doubt that the resultant publicity would make it impossible to impose upon people. The public would in time educate itself, and know upon what brands of food it could rely for purity and quality, and what to avoid. The people would be likewise impressed with the importance and responsibility of knowing what they are eating. Such knowledge would be of the greatest assistance to the doctor in controlling various manifestations of malnutrition, diatheses and so on.

There is no doubt that publicity furnishes better protection than a special law. Our common law provides principles to cover all infractions of right of whatsoever kind or character without burdening the taxpayers with the increased expense of another special law.

The food chemist will attend to his business because it is his livelihood. His profession will be one which the growth of commercialism will make of increasing importance to the community. After the doctor has prescribed the proper diet for his patient there still remains the problem of securing these foods in a pure form. The quality of our food has much to do with the prevention of sickness, the comfort and happiness of people. The food chemist is bound to become popular, and his work will do more to control adulteration than all the laws of Christendom.

The political well-being of the Republic requires that men associate themselves together and make a study of means to put a stop to the incessant passing of laws. Our taxes are rolling up at a tremendous rate to support parasites. The inspection of the Slocum by government officials was a farce. Inspectors appointed by the government perform their duties in a perfunctory way, yet the people are compelled to pay for unsatisfactory service.

Let the man who wants to eat pure food consult the food chemist, and pay him for his services just as he pays his

physician. The fewer laws we have the better. At the present rate of increase the time must come when we shall have no one to pay taxes. Let us learn a lesson from Germany, groaning under laws, and taxed to death without accomplishing anything because all her efforts are misdirected.

Do Not Halt.

When an individual believes that he has reached perfection progress is at once arrested, so far as he is concerned. The St. Louis World's Fair is a good illustration of this. A great many Eastern people did not go to St. Louis because in their self-satisfaction they took it for granted there could be nothing for them to see or learn at an exposition held in a Western city. Hence, they derived no profit from the most wonderful exposition ever held in any city at any time.

The Exposition was an unparalleled success. The exhibits were the most remarkable the world has ever seen. Even those whom travel and culture have made more or less familiar with the achievements of modern progress, were amazed at the completeness and beauty of the exhibits, the amount of research brought to light by many of them. Never, except in dreams, has the like of this great Exposition been seen before. Those who were wise enough to embrace the opportunity will never cease to congratulate themselves.

Another thing noted by visitors to the Exposition was the astonishing progress made by the West. Those who inspected the exhibits in the Building of Education, could not fail to see that Western colleges are rapidly outstripping their Eastern rivals. The day is not far distant, unless Eastern colleges soon wake up from their lethargy, when fathers and mothers will prefer to send their sons and daughters to Western colleges as best fitted to equip them for life's battle. The West is not contented to rest upon its oars. There is much to do, and it is well to be up and doing.

We can all learn a lesson from this. Doctors, in particular, can afford to take nothing for granted. Let us always keep up with the van. Be fully awake all the time. Never have fads or set beliefs, but

keep our eyes and ears open for more information, greater knowledge. Never have a prejudice for or against a person or thing. Never get in the dangerous position of thinking we know it all.

How to Succeed as a Doctor.

We have received a great many letters the last few years asking how to succeed as a doctor. The answer is simply to be yourself. Be honest, straightforward and kindly. Treat your patients as you would have them treat you. Be a gentleman in every sense of the word. Treat all men the same way.

Read all sides of every question. Do not try to follow anyone. Have positive views on subjects with which you are familiar, and assert them fearlessly. Do not wait to find out what the other man is going to say, or surrender your own judgment at the dictation of authority. If, after investigation, you are convinced you are wrong, be equally fearless in saying so. We all make mistakes. None of us are infallible.

Do not try to manage the other man's business. It will take all your time and brains to look after your own. Do not dabble in outside business. Instead, devote your leisure time to studying up your cases or subjects which interest you in a professional way. The result is sure to tell in your practice. Do not let yourself be prejudiced for or against anything.

Do not do things from a sense of policy. Be honest, courageous, diligent, and bide your time. If you will bear these things in mind, your success is sure. People always find out exactly what you are sooner or later, and if you deserve success it will be yours.

Never be afraid of abuse. If you are honest in your views, there is no reason why you should fear it. You can not avoid it whether right or wrong, but it will not hurt you, because only a few narrow-minded fools will believe it. People whose opinion is worth anything never listen to calumny, well knowing it is the price of all success. In fact, abuse is more apt to help than to harm you.

It never hurts a man to be abused except when he does wrong. That particu-

lar time he usually escapes, for strangely enough the self-appointed censor does not resent real shortcomings any more than he does obscurity. A man only becomes a target when he stands in somebody's light. Fair-minded people will not take the word of another in such a matter; they will always investigate, and then the truth will come out.

Last, but not least, take all the medical journals you can pay for, of all the pathies. Have your own views on all subjects, but read widely with unprejudiced mind. Do not believe things merely because others say them. Investigate for yourself, and come to your own conclusions. People often say things, especially injurious reports, for interested motives.

Journalistic Enterprise.

One of the finest evidences of journalistic enterprise lies before us in the shape of the October number of the *National Druggist*, Henry R. Strong, Editor and Publisher, St. Louis, Mo. This number gives the best description of the medical, surgical and scientific displays at the World's Fair of any publication we have seen. This number is of as much value and interest to the doctor as the druggist. It contains an immense amount of reading matter of a character which well repays perusal to the man in search of information. The doctor can not do better than to send ten cents for a copy to the *National Druggist*, St. Louis, Mo.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys, how are ye, this fine frosty morning? I'm going to fire a few facts at you before I start out on my rounds, so here goes.

Say, you want to remember that vomiting in children is often a prominent symptom in pneumonia, so whenever you find it present at this time of year, don't fail to examine the lungs carefully.

In a healthy woman, who has passed a menstrual period, vomiting is an almost certain symptom of pregnancy.

Say, when you prescribe *cimicifuga*, if you add a little *aconite*, you will get quicker results. This is a point worth remembering.

In taking the pulse, don't forget you must consider the state of the mind and the body to get a correct idea of its meaning. In a good many cases, the pulse showing is of little importance as compared with the temperature.

Intermittence in the beat of the heart has scared lots of people. It is not a dangerous sign at all; is due to nerves in most cases, and may occur in perfectly healthy people, disappearing without treatment when the exciting cause is removed.

Say, boys, a bread poultice, made up with strong vinegar, and applied for several nights, will take the soreness out of corns, and loosen them so they can be easily picked out.

When you run up against a case of *dellirium tremens*, you had better give your heart remedies by the needle. The stomach is sluggish, and either refuses to absorb or is very slow about it.

To know how to handle small troubles is a good card for the doctor. If you can give a man relief in even such a little thing as a painful corn or an aching tooth, he will remember you as good for something the first time there is sickness in the house. If a troublesome tooth has a hole in it, the pain can be stopped, in many cases, by clearing it out, and packing with *acetanillid*.

Say, boys, don't forget that poisons, even in small doses, sometimes cause jaundice.

Don't use *digitalis*, not even by hypodermic injection, in cases of sudden heart failure or shock. It is not a drug for emergencies, it acts too slowly.

Say, boys, there's nothing better than injections of a hot infusion of *hamamelis* for the relief of a sore rectum. Also there are few things which hurt so bad. Your patient will be correspondingly grateful to the man who eases him.

Watch a wound, and if suppuration appears, open and make fresh dressings without delay.

Congestive asthma is relieved by setting up a good action of the skin and other emunctories of the body. A favor-

its prescription with me for this and other respiratory troubles is ten drops each tinctures of aconite and ipecac, eight ounces respite, teaspoonful three or four times daily. If, however, there is an element of reflex irritation caused by enlarged tonsils, the presence of adenoid tumors in the nose or throat, an over-tight or adherent prepuce, etc., additional treatment to remove the cause of trouble will be necessary before any permanent relief can be had.

One reason we doctors have so much trouble curing chronic diseases is that we so often forget that the cause may be hydra-headed, so to speak. We may remove sections and sections of tape-worm from a man, for instance, but until we get the head his trouble will go on multiplying itself. So with many diseases, we must chop down all the heads, get rid of all the disease-producing elements.

Say, boys, when you want to make a radical change in a patient's diet, I advise you to begin by ordering a fast. By so doing, you will find the patient's system responds much more quickly and kindly to the change.

False labor pains are often troublesome both to doctor and patient. Considerable relief can be obtained by means of enemas to unload the bowel, hot baths of ten or fifteen minutes' duration, and teaspoonful doses of neurilla repeated at two or three-hour intervals.

At the first sign of bone felon, wrap the finger in salt, and keep it soaked with turpentine. Nine times out of ten that will be the last of it.

Pilocarpine, in doses to cause free sweating, ought to be tried in glaucoma.

Say, hyoscyamus is great in cases of delirium with hallucinations.

Well, I must be off. Mr. Editor, please correct mistakes, no time to read this over. So long, boys.

I have in my office twenty full volumes of the good old MEDICAL BRIEF. Have been reading it all the time since it was a little blue-backed journal away back in the eighties. It has made the rocky way smoother for me a great many times and I love it like an old friend.—G. H. ALEXANDER, M. D., Hot Springs, Ark.

[Written for the MEDICAL BRIEF.]

The Nervous System as a Vital Keyboard.

BY YANDELL HENDERSON, PH. D.,
Assistant Professor of Physiology in Yale
University, Medical Department.
New Haven, Conn.

The attitude of the modern physiologist toward the functions and intimate structure of the nervous system was well developed in the lectures of Prof. Sherrington, of Liverpool, in the Silliman memorial lectures at Yale University last spring. In his view the relations of the organs of the body in the higher animals one to another, their working, and the reaction of the organism as a whole to its environment, are directly dependent upon the functions of the nervous units, and their combination to form the nervous system. By the combination of these nerve units or neurons, to form that vital keyboard, the nervous system, the activities of the various organs of the animal body are kept in adjustment.

By this adjusting keyboard, also, the flood of impressions from the world about the organism is received, and those reactions of the motor organ in turn produced which determine whether the animal shall obtain its food and propagate its kind, or furnish itself as the next meal for its enemy.

Nerve fibers or axons are mere conductors, over which an impulse travels at a speed of 100 feet per second. Investigation has not revealed what this impulse really consists in. Modern microscopical methods have shown that a synapse consists in the interlacing of the minute fibrils or dendrites of one neurone with those of another or of many others. The effector muscles of man are few. The number of axons to these organs is proportionate to the number of muscle or gland cells composing them. The complexity of the co-ordinated control is referable to the fact that while there are but 500,000 axons to all the effector organs of the human body, yet it is through the use of these "common paths" that all activities are effected. There are 2,000,000 receptor or "private paths," each of which is thrown into activity by only one particular form of stimulus at a particular spot, as by a ray of light on a cone of the

retina, or a touch of the finger-tip. When we imagine each of the 2,000,000 private paths connected to each of the 500,000 common paths, or perhaps each connected to each through many and diverse routes, we arrive at some notion of the complexity of the vital keyboard.

These lectures are to be published in book form by Yale University.

400 Prospect Avenue.

[Written for the MEDICAL BRIEF.]
Ophthalmia Neonatorum.

BY DAVID WEBSTER, M. D.,

Professor Emeritus of Ophthalmology in the New York Polyclinic; Surgeon Manhattan Eye and Ear Hospital; Consulting Ophthalmic Surgeon to the Hospital for Ruptured and Crippled; Consulting Physician to the Skin and Cancer Hospital; Fellow of the Academy of Medicine, American Medical Association, Etc., Etc., Etc. New York City.

Ophthalmia neonatorum is one of the forms of conjunctivitis which, without proper treatment, is moderately certain to destroy the eyesight. It makes its appearance within a few days of the birth of the infant, and is undoubtedly in nearly all instances due to gonorrheal infection.

At the Manhattan Eye and Ear Hospital, where a considerable number of these little patients are constantly under treatment, routine examinations of the conjunctival secretion are made, and gonococci are almost always found in large numbers, and the patients are never discharged until gonococci are no longer found in the secretions.

The symptoms of this disease are redness of the eyeball, swelling of the eyelids, often chemosis, and a very abundant purulent discharge.

Treated conscientiously and energetically, such a case will be nearly well in about two weeks.

The treatment consists in constant cleansing with a warm saturated solution of boric acid; as often as any secretion appears it should be washed away carefully, and this usually requires a repetition of the washing every fifteen or twenty minutes. Ice cloths should be applied as much as possible, but it is very difficult to keep them on the eyelids of these little patients, who are usually nervous, and are constantly moving their heads about, and removing the ice cloths.

Argyrol, anywhere from twenty-five to fifty per cent solution, should be dropped into the eye every two hours after cleansing. At least once a day the eyelids should be everted and the argyrol rubbed into the palpebral conjunctiva very thoroughly by means of cotton twisted about the end of a cotton holder. Where dropping the argyrol in in the ordinary way has failed in arresting the secretions, I have found it to be arrested in two or three days after applying it in this way—rubbing it in. The argyrol is superior to all other applications because, while thoroughly efficient as a bactericide, it produces no pain, smarting, burning or irritation whatever.

The chief danger in these cases is from ulceration of the cornea. An ulcer may be arrested at almost any stage, or, in spite of all treatment, it may go on to the destruction of the whole cornea. Ulcers, however, rarely appear in this disease if the case is treated early, and in the way I have indicated.

Quite a large proportion of our cases at the Manhattan Eye and Ear Hospital come to us after a week or more of neglect, and after the eye has either been destroyed or sloughing of the cornea or ulceration has already set in. In these cases, of course, the most we can expect is to save partial vision.

Very rarely, indeed, only one eye is affected. In such a case the other eye must be most carefully protected from the first, either by a bandage or by Buller's shield, if it can be kept on the eye of the little one.

As the disease is almost certain to be caught, if any of the secretion gets into the eyes of the nurse, or any other person, the greatest care should be taken to destroy all things that have been applied to the eye. The ice cloths and the cotton with which the eyes were wiped should be put into a newspaper cornucopia and conveyed to the furnace. The nurse should be exceedingly careful to wash her hands thoroughly after having used them about the eyes of the child so as not to communicate the disease to herself or anyone else. I have known more than one nurse to lose her sight through carelessness in taking care of children with ophthalmia neonatorum.

327 Madison Avenue.

THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.,
EDITOR AND PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

NEW YORK OFFICE, ASTOR COURT BLDG.

FOREIGN OFFICE:

AUCKLAND HOUSE, BASINGHALL AVE., LONDON, E.C., ENG.

Vol. XXXIII. January, 1905. No. 1

SUBSCRIPTION RATES—INVARIABLY IN ADVANCE.

United States and Canada, . . . per annum, \$1 00
Foreign (Postal Union), . . . " 7s. 6d

These rates include postage.

Advertising rates sent on application.

Write only on one side of the paper.

See how short and plain you can write.

Write articles intended for publication, and matter for editor, on separate pieces of paper.

Articles sent for publication in the MEDICAL BRIEF must not contain more than seven hundred words. Short, practical, brief items always wanted.

The MEDICAL BRIEF is mailed on the first of each month. If a number fails to reach you we will supply it, provided we are notified within a month.

NOTE—The Editor is not responsible for the articles of contributors. The MEDICAL BRIEF aims to publish articles on both sides of a question.

MEDICAL BOOKS.

We supply any MEDICAL BOOK, no matter by whom published, post-paid, on receipt of publisher's price. Send for our Catalogue.

Address, MEDICAL BRIEF, St. Louis.

The MEDICAL BRIEF has the largest paid circulation of any medical journal published anywhere.

[Written for the MEDICAL BRIEF.]

On the Management of Insanity in Private Practice, With Some Hints as to Prognosis.

BY EDWARD GEORGE YOUNGER, M. D., M. R. C. P., D. P. H.,

Senior Physician to the Finsbury Dispensary
and Late Physician to the St. Pancras
and Northern Dispensary.
London, England.

A case of insanity occurring in the practice of the general physician is almost certain to be the cause of much anxiety and worry to him unless he has had special training in the subject of mental diseases, which is rarely the case. The problems as to diagnosis, prognosis and treatment call urgently for prompt solution, and one of the greatest difficul-

ties is to decide whether the case is one which can be treated at the patient's own home with a reasonable prospect of recovery for himself, and safety to those around him, or whether immediate removal to an asylum is necessary. Should the case occur in a large town, the advice of a skilled alienist can readily be obtained, but in remote country districts the whole burden of responsibility is thrown on the shoulders of the practitioner, and it is often a heavy one.

In the present short paper it is only possible to deal with those forms of insanity which are most likely to be met with in everyday practice, and to call urgently for treatment, and these my own experience has shown to be: mania, melancholia, delusional insanity or paranoia, general paralysis, puerperal insanity, and alcoholic insanity. Three-fourths of all cases admitted to asylums are examples of either mania or melancholia, and, indeed, almost every case of insanity can be assigned to either the maniacal or the melancholic type, and these have been spoken of as the pure or primary psychoses.

As in the course of this paper I shall have occasionally to refer to hallucinations, illusions and delusions, it is well here to differentiate between them, as they are often confused with one another.

Hallucinations are *false* perceptions of the senses—sight, hearing, taste, smell, or common sensation. They occur in many forms of insanity, but, on the other hand, a person may have hallucinations, and yet not necessarily be insane; he may recognize them as such.

Illusions are *mistaken* perceptions of the senses. The patient does actually see, hear, etc., something, but he mistakes it for something entirely different; he may, for example, see clouds in the sky and mistake them for armies fighting in the air.

If a patient believe in his hallucinations or illusions he is insane.

A delusion is a *false belief* in some fact which may have reference to the senses, as when a man thinks a rat is gnawing at his vitals, or it may be quite independent of these, as when he fancies he is a monarch, or the Messiah, or a great general, and so forth.

A person who has delusions is necessarily insane.

Almost all cases of insanity are preceded by a stage which is known as the period of emotional alteration. This may either be well-marked or very slight. The patient may have neglected his business, and his habits and temper may have altered; alternate periods of depression and excitement may have taken place; headache and insomnia are generally marked symptoms, and a general rule is that the greater the insomnia the more rapid is the progress towards undoubted insanity. If the physician be fortunately called in during this period of emotional excitement, an attack of insanity may often be warded off by judicious treatment of the insomnia by such drugs as trional, sulphonal, and chloralamid. Warm baths, also, with cold affusion to the head, will often procure refreshing sleep.

It will be advisable, I think, for me to give a short description of the symptoms of each of the forms of insanity I am about to deal with:

MANIA.

Acute, Sub-Acute or Hypomania, Chronic Mania.—Acute mania has a brief promontory stage, generally unrecognized, but usually taking the form of restlessness and slight depression, after which there is a burst of violent excitement, with noisy incoherence, which may continue for days and nights together, the sense of muscular fatigue being altogether wanting. The tongue is furred, skin sweating and offensive, the bowels constipated, urine scanty and high-colored. The hair is harsh, and has lost its natural gloss. The habits are probably wet and dirty. The restless excitement may continue for days and nights together, the sense of muscular fatigue being altogether wanting.

The prognosis in early single attacks is good, but as the attacks multiply, it becomes less favorable, and the disease may end in chronic mania or dementia. There is in all cases a somewhat remote danger of the patient dying of maniacal exhaustion.

As regards treatment, this can only be carried out in an asylum, or a lunatic hospital, and the sooner the patient is removed the better for him and his friends.

The utmost the family physician can do is to endeavor, pending removal, to procure abatement of the noisy and constant excitement, and here chloral hydratis is a useful drug, but in administering it we must always bear in mind that the tendency to death in acute mania is by asthenia. It is important, also, to remember that opium and its alkaloids are worse than useless in acute mania. Even if a strong hypodermic dose of morphine induce sleep for an hour or two, the patient invariably wakes unrefreshed, and in a more excited state than he was before its administration.

Sub-Acute or Hypomania differs from acute merely in degree, as its name implies. In its very mildest form, little may be observable beyond some excitement, usually of an hilarious character, with restlessness and diminished power of application. The more pronounced forms approach more nearly to the type of acute mania, though stopping short of the noisy excitement and dirty habits.

The mild form is often transient, and may get well without any treatment at all. It is, however, likely to recur, and should it do so it will be probably in a more accentuated form. In this mild variety, treatment without removal to an asylum may be tried with a reasonable expectation of success. Rest, change of air and occupation, with the bromides, especially the ferrous bromide, in five-grain doses—will be useful. It is desirable to avoid both narcotics and alcoholic stimulants, as in these cases a craving is easily established.

In the more pronounced form of hypomania, asylum treatment is the best. Recovery in a few weeks, or possibly months, will most probably take place, though a very few cases drift into chronicity.

Chronic Mania is rarely seen in private practice, its victims usually being already inmates of asylums. The symptoms vary greatly. The delusions may be many or few. Some of these patients are docile and work fairly well under supervision, but they are nearly all liable to outbreaks of maniacal excitement at irregular intervals, home treatment being, therefore, out of the question. More or less brain degeneration is always present, and the prognosis is most unfavorable.

MELANCHOLIA.

Simple Melancholia, Melancholia with Delusions, Agitated Melancholia, Stuporous Melancholia, or Melancholia Attonita, Chronic Melancholia.—Some of the above will need merely a passing notice, as in them home treatment is quite impossible.

Simple Melancholia.—This in its mildest form amounts merely to depression of spirits, with gloomy and desponding thoughts, forebodings of evil, and a general pessimistic view of life, but without any irrationality. It has been said that those who have suffered from a bad attack of "the blues" have had an experience of a mild form of simple melancholia. In the more severe form all the symptoms become accentuated, the patient becomes hopeless and despairing; he sleeps badly, and awakens from his broken rest in deep despondency.

It is in this stage that promptings to suicide are likely to manifest themselves, and here it is important to remember that a melancholic's symptoms are, as a rule, most pronounced in the morning, and are likely to ameliorate as the day wears on, so that if a melancholy patient destroys himself, the deed is almost always done in the morning hours. In early simple melancholia, the great question arises as to where ordinary depression of spirits ends, and true melancholia begins. It is important also to ascertain, if possible, whether any suicidal impulse is present, but leading questions on this subject must be carefully avoided.

The prognosis in simple melancholia is generally good, though improvement is slower than in corresponding cases of mania. Most recoveries take place within twelve months, and improvement in the general health, with increasing appetite, is usually of good augury. Some cases, however, become chronic.

It is these cases of simple melancholia which are most likely to do well outside an asylum. The very mild ones, like those of mild hypomania, will often recover without any treatment beyond a rest from work, a change of air, and an occasional mild hypnotic (chloralamid for chronic). In the more marked cases, if home treatment be decided upon, the patient should be in sufficiently good circumstances to afford a change of air and

scene, and two trained attendants, for, on account of the tendency to suicide, he must never be left alone, especially in the morning hours, for the reason mentioned above. The principal objects of treatment, after constant supervision, are to obtain sleep, to give adequate and even abundant nourishment, and to relieve the usual constipation.

In all cases of melancholia, solid food, if the patient will take it, is much more beneficial than the most nutritious slop diet. Obstinate refusal of food will often disappear after a few days' complete rest in bed. Should forcible feeding become necessary, or should the promptings to suicide be very marked, asylum treatment is indicated. In the insomnia of melancholia, in great contradistinction to that of mania, some of the preparations of opium and morphia are valuable; they do not seem to aggravate the constipation, and the drug habit does not seem to get formed in these cases. The Turkish bath is a useful adjunct. Some very good results have lately been obtained from the high-frequency current. The constipation must be treated on general lines, but no medicine should ever be administered surreptitiously, *i. e.*, mixed with the food or drink.

Melancholia with Delusions.—In these cases, hallucinations of hearing are very common, and next in order come those of sight, smell and taste. Those of smell are of grave import, and generally point to incurable insanity, very likely of alcoholic origin. These patients often think their souls are lost, and that they have committed the unpardonable sin. They very commonly recover, but their progress is slow, and may extend, with relapses, even over a few years. Occasionally the disease becomes chronic. Asylum treatment is imperative.

Agitated Melancholia is commonest in women. The patient is never still for one moment, but paces the room, or sits rocking her body to and fro, sobbing and moaning. She may tear her hair, or pick her skin into sores. Hallucinations are not, as a rule, present, but the delusions are numerous and distressing. She may think she has brought ruin on all her friends; that her soul is lost, and so forth. It is a curious fact that these pa-

tients, in spite of their despair, are not, as a rule, actively suicidal, and they often take their food well. A large number get well eventually, but improvement is slow. Here, again, asylum treatment is the only course to pursue.

Stuporous Melancholia or Melancholia Attonita.—These patients will sit for hours in one position, plunged in melancholy, and seeming to take no notice of their surroundings, but they will almost certainly attempt suicide if they get a chance. They sleep badly, and are unwilling to take food. A great many of them gravitate towards a condition of dementia. They can only be managed in an asylum.

Chronic Melancholia.—This, like chronic mania, is rarely met with in general practice. It is usually a result of one of the acuter forms. These cases are unsuited for home treatment, for although remissions are common, relapses are equally so, and, during the latter, suicidal impulses are often very marked. The tendency is always towards incurable weak-mindedness.

Delusional Insanity or Paranoia.—This is a chronic disease characterized by fixed delusions, and unaccompanied by any failure of the reasoning faculties. These fixed delusions are generally of a disagreeable nature. The patient often thinks that strangers can read his thoughts, and they make gestures to him on the streets. Another common delusion is that paragraphs in the papers refer to him. Hallucinations of hearing, taste and smell are common. Soon he becomes indignant and resentful, and he is then prone to assault some passerby as the author of the annoyances. Later on, delusions of grandeur commonly develop, and all his irascibility tends to be swallowed up by his conceit as weak-mindedness becomes more marked. The prognosis is bad, but these patients often live to a great age.

It has been said that all paranoids are potential homicides, and that for this reason an asylum is the only place for them. There is much truth in this, but there is another side to the question. The power of self-control in some of these patients is very great, and I have latterly taken this very much into calculation when the question of placing them in an asylum has

been under consideration. However, I find the dangerous proclivities vary much with the patient's natural temperament, whether irascible and hasty, or gentle and patient. The person of the former temperament will assuredly seek to revenge himself on his persecutors, and, perhaps, commit a murderous assault on some inoffensive person, while one of the latter may content himself with tearful and piteous protests to his friends.

I have now under my observation two cases of paranoia of the latter type, both men, and both are at present at large and following their employment after a fashion. One of them has hallucinations of smell, delusions that people are spreading reports that he has had syphilis, and an erroneous idea that his rectum is obstructed. The other thinks he is pointed at in the streets, watched in all his movements, and that there is a conspiracy against him. They are both timid, patient men, and, in my opinion, most unlikely at present to act on their delusions, but rather to take them "lying down." They will, no doubt, come to an asylum sooner or later, as every paranoic must, but as each is able to earn a small living, and as neither of them shows at present any signs of violence, I think I am justified in taking the risk.

General Paralysis.—This terrible and fatal malady usually makes its appearance between the ages of thirty-five and fifty. It is much commoner in men than in women. Many of its early symptoms are physical rather than psychical, such as hesitation and slurring of speech, fibrillary tremors of lips, tongue and facial muscles, pupillary changes, enfeebled gait, and slight attacks of "faintness." These may be accompanied or followed by a silly kind of elation of spirits, forgetfulness, drowsiness, neglect of business, and, later, by the well-known myalomania, with delusions of wealth and grandeur, when the patient will squander money on useless articles. He may, sooner or later, find his way to a police court in consequence of some absurd act of indecent exposure, or some senseless theft.

Soon the attacks of "faintness" develop into epileptiform seizures known as congestive attacks. Remissions of all the symptoms very often take place, and may

last some months, but the patient always relapses. In the last stage he becomes thinner, and more demented; the congestive attacks are more frequent; he takes to his bed through sheer debility, and is noisy, wet, and dirty, dying, as a rule, from asthenia, with probably some hypostatic pneumonia in about two or three years, from the beginning of his illness. These cases can only be treated in an asylum, and it is important to certify them early, owing to their tendency to squander money, and thereby to ruin themselves and those dependent upon them. Even should long remissions take place, it is much better to keep the patient in the asylum, for the relapse is bound to come sooner or later. I know of a case where a general paralytic was thrice discharged from an asylum "recovered," each time to return "relapsed," after having rendered his wife pregnant again—a truly wretched lookout for the unhappy offspring.

Puerperal Insanity.—This form of insanity is most frequent in women of insane heredity, especially where this heredity exists in the female line. It may take the form of mania, melancholia or dementia. If the insanity comes on within a fortnight of delivery, the maniacal form is the commonest. Sleeplessness, restlessness, and refusal of food are early symptoms. The pulse is frequent, the tongue white, and the bowels are constipated. The patient may be suicidal or homicidal, or both, and she generally takes a dislike to her husband and her child.

When puerperal insanity develops a month or more after delivery, it usually takes the melancholic form. Sleeplessness, and refusal of food are again marked symptoms. Suicidal tendencies are most likely present, as also may be hallucinations of smell; and here, again, the hatred towards husband and child may be even more marked.

In both of the above cases the milk and lochia may remain normal, but a suppression of one or both is most likely, and the lochia are sometimes offensive. The prognosis is usually favorable, unless a typhoid condition should set in. Improvement is often preluded by a return of the milk and lochia, if these have been in abeyance. In rare cases, however, the pa-

tient may sink into permanent weak-mindedness.

Treatment may be carried out at home under the care of two nurses, and almost constant supervision and vigilance on the part of the physician, but even with these provisos, if the patient be violently homicidal or acutely suicidal, or require forcible feeding, she will do better under asylum treatment. The diet should be generous, with plenty of milk, eggs and beef tea, and, perhaps, some port wine. Sleep is best obtained by a warm bath and a dose of alcohol at night, narcotics not being usually successful in these cases, but should such be imperative, some preparation of opium is the least harmful. Attention must be paid to the condition of the bowels and the vagina.

It is important to remember that there may sometimes set in, a few days after labor, a transitory delirious condition, which often yields readily to a purge and a narcotic draught, but during which the patient may commit infanticide, and yet have no recollection of her crime.

Alcoholic Insanity.—For the purpose of this paper, I propose to divide alcoholic insanity into:

1. Acute alcoholic insanity or delirium tremens.

2. Insanity from drink (proper).

3. An incurable condition of chronic mania or dementia, which may be a sequel to repeated attacks of either (1) or (2).

(1) *Delirium Tremens.*—I am aware that many authorities do not include this among the insanities, but as it is the form of alcoholic neurosis most frequently met with in private practice, I think it should be included here. After a short period of restfulness, sleeplessness and general irritability, with tremors, the patient becomes delirious, talking incessantly. He makes futile attempts to dress himself or to pack his portmanteau, as if going on a journey, but he never gets any further in his preparations; indeed, motor restlessness is extreme. Hallucinations of sight are always present, and generally refer to such small animate objects as beetles, spiders, rats, etc. Hallucinations of hearing, taste and common sensation are less common, though I have often seen them. The skin is clammy and sweating, the tongue furred. Vomiting may take place.

The temperature is normal, or perhaps slightly raised. Convulsions may occur, and a sharp rise of temperature may foretell meningitis.

The disease is of an asthenic type, and the patient may die of heart failure after only a few days' illness. Ordinary cases get quite well, as a rule, in a week or so. They can be treated quite successfully at home under constant and intelligent supervision. In the early stage before delirium has set in, an aperient and a few doses of a bromide mixture, with, perhaps, a chloral draught at night, will very likely do all that is required. Even in the second stage the same course of treatment is often successful. If chloral does not produce sleep, a round dose of morphia, hypodermically, say half a grain, will prove efficacious. Complete rest in bed, with plenty of fluid nourishment, are essentials.

It is a moot point whether in these cases stimulants should be cut off altogether, or whether they should be allowed in reduced quantities. My own experience has been that if the patient be seen in the premonitory stage, an attack of true delirium tremens is most likely to be precipitated by cutting off all stimulant, as is so often done, while, on the other hand, a reduced quantity of the stimulant the patient has been used to, may ward it off—a very important consideration in the case of a business man. If the second state has set in, the patient is better without a stimulant. He will have to put up with at least a week's illness, so the opportunity may be advantageously taken of ridding his system of alcohol as far as may be. Cases of delirium tremens should not be sent to an asylum if this step can be possibly avoided. It is hard that a man should be branded as a lunatic for such a fleeting disease, however much his own excesses may have caused it.

(2) *True insanity from drink* is a disease of grave import, and of much longer duration than the above. Before it declares itself, the chronic alcoholic has probably begun to manifest such symptoms as diminished will-power and general moral deterioration. He becomes suspicious and dissatisfied, and a common early symptom in a man is a delusion that his wife is unchaste. In the case of a

woman, the husband may be similarly suspected. Presently, hallucinations set in, especially those of hearing and touch, and delusions about plots and poisoned food, and now the patient becomes dangerous. When thoroughly developed, this form of insanity may assume either a maniacal or a melancholic type, the former sometimes carrying with it exalted delusions. There may also be tremors and some inco-ordination of speech, so as to lead to a suspicion of general paralysis, but any doubt is soon cleared up by treatment and suppression of alcohol, when in true alcoholic insanity marked improvement will soon take place. Many of these cases get perfectly well, but complete recovery is not rapid, and may be a matter of two years or more. A persistently intemperate person may have several attacks, and subside eventually into incurable chronic mania or dementia. Epilepsy may occur in the course of true insanity from drink. Treatment can only be carried out in an asylum, as the patient's delusions, especially those as to his wife's unchastity, render him very dangerous. Moreover, it is only in an asylum that he can be thoroughly kept from alcohol.

Chronic mania or dementia from long-continued alcoholic excess does not differ materially in its symptoms from ordinary dementia, and the only treatment in this complaint is detention in an asylum.

Dipsomania or Periodic Alcoholism requires a few words here, though in this disease the mental condition is the cause instead of being the effect of alcoholism. True dipsomania differs from alcoholism in being a periodic seizure. It is rare before the age of thirty. A neurotic heredity is nearly always present. The attacks are preceded by headache, sleeplessness and depression of spirits, and then the terrible craving comes on when the sufferer will swallow anything alcoholic if he can not obtain the ordinary beverages. Methylated spirit, medicinal tinctures, and even varnish have all been pressed into the service of the dipsomaniac. The attack may last for days or weeks, and is succeeded by great prostration and remorse, and I have known of suicide being committed under such circumstances. At the present moment I have such a case under

my care, where the patient is actively suicidal. He will settle down in the course of a few days as he has done before.

These cases can scarcely be looked upon as certifiably insane, and even if admitted to an asylum they could not be detained there after the urgent symptoms had passed off. Confinement in an inebriates' home is almost the only treatment likely to prove of benefit, but if there be strong hereditary tendency to dipsomania, any treatment is almost hopeless.

In conclusion, I suggest that the cases of insanity occurring in private practice, and demanding early decision as to treatment, may be conveniently classified as follows:

(a) *Cases which may be treated at home with a fair prospect of recovery.*—Mild hypomania, simple melancholia, puerperal insanity when not actively suicidal or homicidal, acute alcohol insanity (delirium tremens).

(b) *Cases which may possibly be managed at home—at any rate, for a time.*—Delusional insanity of the imbecile and inoffensive type. A very few cases of general paralysis during long remissions.

(c) *Cases in which asylum treatment is absolutely imperative.*—Acute mania, melancholia with delusions, agitated melancholia, stuporous melancholia, chronic melancholia, general paralysis when well marked, true insanity from drink, alcoholic dementia.

[Written for the MEDICAL BRIEF.]

"Excretory Irritation," or the Correlation of Symptomatic Skin Rashes With Other Organic Inflammations.

BY DAVID WALSH, M. D.,

Senior Physician Western Skin Hospital, London, W., Etc. London, England.

At the Birmingham meeting of the British Medical Association, in 1890, I read a short paper,* discussing certain forms of symptomatic rash, and their relation to inflammations of excretory organs other than the skin. Taking various forms of dermatitis associated with in-

ternal causes, such as the rashes of scarlatina, of copaiba, and of gouty eczema, I observed that in each of these apparently widely diverse conditions there were the common features of an inflamed skin and of a blood-supply containing a specific and definite irritant, even if the precise nature of that irritant could not always be demonstrated.

"Excretory irritation" is the name I gave to the action of any blood-borne irritant capable of setting up inflammation in its passage through one or more excretory organs of the body.

As the result of my investigations, it seems to me to be a general law that any substance capable of setting up a symptomatic inflammation of the skin might affect other excretory organs in the same way. The results of this general conclusion are far-reaching and practical. If a drug be found to cause a rash, for instance, then it may be suspected of inflaming other excretory outlets, and of thus becoming a starting point of organic disease.

The chief eliminating organs of the body are, of course, the kidneys, skin, alimentary canal and the lungs. Their excretory function is interchangeable up to a point, as when in cold weather the activity of the skin is lessened, and that of the kidneys increased, as shown by the larger amount of urine passed during the winter, or in advanced stages of chronic nephritis, when urea is thrown off freely by skin, lungs and bowels. This power of vicarious function, however, has its limits. If the action of the skin be arrested absolutely, as in the classical case of the Italian child coated with gold leaf to play the part of an angel in a public procession, the results are rapidly fatal.

In advanced Bright's disease, again, the available limit of relief by sweating and purging is quickly reached.

A little consideration will show that the action of many familiar drugs is due to the irritation, or, if the term be preferable, the stimulation of the various excretory organs of the body. Take the case of mercury, which acts as a diuretic, a purgative, and a stimulant of the liver, besides exercising a powerful action in some skin diseases. The experimental aspects in this drug have been ably sum-

* *Medical Press and Circular*, October 22, 1890.

marized by Dr. C. D. F. Phillips.* He quotes Riederer and others, and concludes that mercury has a special determination to the liver and kidneys, and is eliminated mainly by the bile or the urine. He also cites Pavy, Overbeck and Kussmaul to show that during pronounced mercurialism albuminuria may occur with or without hematuria.

It would be outside the scope of the present article to follow up this particular point in detail, but mercury may be briefly compared with arsenic and iodine. Concerning these three drugs in another article I wrote:

"We may draw the following general conclusions as to arsenic, mercury, or iodine, or of their compounds as used in practical medicine:

1. They are alterative, antiseptic and poisonous.
2. They are epithelial irritants.
3. They are eliminated from the body by one or all the various excreting organs.
4. They may cause multiple dermatitis.
5. In moderate doses they may cause diuresis or transient albuminuria, and in large doses, albuminuria, hematuria, and suppression of urine.
6. In large doses they have been shown experimentally to disorganize the kidneys in lower animals, and a similar result has been often met with in acute poisoning in man."†

There is no need to labor the point as to the constant use of excretory irritants or stimulants by physicians. Ample evidence of the fact may be found in the names applied to various groups of remedies according to their action upon this or that eliminating organ. Thus we have had from time immemorial such terms as expectorants, diuretics, and purgatives. With regard to the last mentioned class, purgatives, most of them act ultimately by the stimulation of liver or intestinal excretion. In the case of calomel it seems likely that the drug is absorbed in the stomach and duodenum to be excreted by way of liver and intestine. If mercurial ointment be absorbed through the skin, or a dose of perchloride be injected sub-

cutaneously, the drug is partially excreted by the liver, and presumably partly, also, by the bowel, and acts as an aperient. Similarly, castor oil absorbed through the skin is excreted in the intestinal tract, and acts as a purgative. In both these latter instances the action clearly results from the stimulation of glandular, and, perhaps, also of muscular structures, set up by the passage of a particular drug from the blood to the intestines. This general statement applies to the glandular stimulation of the liver as well as of the bowel.

The principle of general excretory irritation as manifested by certain drugs introduced into the circulation was then extended, in my original paper, to diseases attended by rash. In that case it soon became evident that a similar connection could be established between a common blood-borne irritant and inflammation of the various channels of exit of materials excreted from the body. Scarlet fever affords a good instance. It may safely be assumed to depend upon invasion by a specific pathogenic micro-organism; an early sign is a diffuse scarlet rash, followed by desquamation. The kidneys are often seriously affected, probably to a small extent in every case, and the nephritis not infrequently drifts into chronic kidney disease; diarrhea sometimes occurs; bronchial inflammations are common, and sore throat one of the most characteristic signs. Gout, to take another general disease, is often accompanied by eczema and other skin troubles. The tendency of gouty patients to bronchitis, dyspepsia, diarrhea and kidney troubles, need not—from my point of view, all of excretory origin—be pointed out to medical men.

The various blood-borne substances capable of setting up irritation of the excretory organs of the body I called "Internal Irritants," as a matter of convenience. Some of the reviewers in 1897 made merry over that title, but in spite of that attitude it is now in daily use both by dermatologists and by general physicians.

Under the name of "Internal Irritants" I included all substances circulating in the blood capable of setting up a skin rash or dermatitis of any kind. They were classified under the headings of:

* *Materia-Medica and Therapeutics*. C. D. F. Phillips—Third Edition, London, 1904, p. 673.

† *Excretory Irritation*. David Walsh, M. D., London, Baillière & Cox, 1897, p. 59.

(a) Drugs.

(b) Accumulation of normal excretory products in blood (*e. g.*, uremia, jaundice).

(c) Specific disease poisons:

1. Pathogenic micro-organisms and their products, *e. g.*, enteric fever.

2. Products of micro-organisms used as drugs, *e. g.*, antitoxin.

3. Poisons obscurely produced, *e. g.*, that of gout.

The reader who has followed my line of reasoning so far will be able to apply it readily enough to the foregoing classification.

Actual proof, direct and indirect, of the presence of the various kinds of internal irritants in connection with inflammation of various excretory organs has been found in the following ways:

1. Some irritant drugs, as iodine, bromine, arsenic, have been detected in the excretions of the inflamed skin, as well as of other excretory organs.

2. In eczema of gouty persons, urates have been found on the skin surface, and urea in uremic conditions.

3. In the case of infectious fevers, the specific micro-organisms themselves must necessarily be thrown off from the body or the disease would not be spread. (Even in the case of diphtheria the specific bacillus has been found in the urine.)

4. In the excretions of organs other than the skin the presence of the internal irritants, whether chemical or bacterial, has been often demonstrated by chemists and bacteriologists.

If the general law—as I venture to call it—of excretory irritation be true, it will be of universal application. From it one may draw a number of deductions, the truth of which may be readily tested. Starting with the proposition that under the influence of an internal (or blood-borne) irritant the skin suffers as one of a group of excretory organs, and that all those organs may be similarly affected by an internal irritant, it follows that we must look with suspicion upon any rash-producing drug as a possible source of mischief in the kidney and other excretory organs. To take an instance, sulphonal often produces an erythematous or purpuric rash; it may also set up hema-

toporphyrinuria, a serious and often fatal condition.

Horatio C. Wood* states that the exanthem of sulphonal poisoning may be bullatous, but is usually a minutely papulous eruption which has been described by some as resembling that of measles, by others as like that of scarlet fever. It is often symmetrical, and shows a disposition to follow the nerve trunks. With regard to hematorporphyrinuria, it may be pointed out that hematorporphyrin (iron-free hematin) occurs normally in the urine in minute quantities, and may be considerably increased without affecting its color. When present in large quantities, the urine presents a dark port wine aspect, and does not give the gualac reaction. The early recognition of hematorporphyrinuria is best made by the spectroscope. Its importance in cases of chronic sulphonal poisoning can not be overestimated, and, as Murrell has pointed out, such cases not uncommonly terminate fatally. The excretion of port-wine urine by a patient taking sulphonal is an indicator for immediately stopping the administration of the drug, and for giving alkalies freely. After death, Stern and Oswald found necrotic changes in the epithelium of the renal glomeruli and of the secreting portions of the tubules, whilst Kast found, in dogs, hemorrhage into the glomerular capsules. In some cases the renal trouble has been confined almost to a glomerular or cortical nephritis.

The obvious practical lesson is that sulphonal is not the simple and harmless drug that many works on *materia medica* and therapeutics would have us believe.

Another rash-producing hypnotic, chloral hydrate, irritates the kidney. It is excreted by the kidneys, partly unchanged, but chiefly as glycuronic acid, producing slight diuresis and spurious glycosuria. Probably part escapes by the skin also, as a variety of eruptions may attend its prolonged use. Paraldehyde, trional, acetanilid, phenazone, phenacetin, may any of them produce a rash. The possibility of their setting up kidney mischief will add another argument against

**Therapeutics, Its Principles and Practice*. Eleventh Edition, 1902.

their use except as an occasional remedy administered under medical supervision.

Trional, like sulphonal, may disorganize the kidneys, and a similar result may be anticipated in other hypnotics that produce a rash.

In cases of phenacetin poisoning, the urine gives a positive reaction with Fehling's solution, although it contains no sugar.

As regards drugs, then, we are enabled to arrive at two good general principles, namely:

1. *To suspect danger to kidneys and other excretory organs in any drug that produces a rash.*
2. *Never to give a protracted course of a rash-producing drug.*

Arsenic produces multiple rashes. It also irritates the kidneys, and cases have been reported where chronic kidney disease has followed its prolonged administration. Yet arsenic is often given, especially in skin troubles, for months and even for years together. In this case, "Out of sight out of mind" appears to be true of that most delicate and much-abused excreting organ, the kidney.

The specific virus of the exanthems is thrown off from the body by the excretory organs, inflicting upon the latter more or less damage. The fact of the passage of the virus is shown by the subsequent infectiousness of the malady (*i. e.*, in all, or nearly all, communicable fevers.)

In 1897 I wrote of scarlet fever: "The question is, through what particular channels of exit do the active germs (presumably present) escape? If through the kidney and bowel discharges, then it is tolerably certain that effective measures are not taken in one case out of a hundred, even in our best ordered fever hospitals to disinfect these evacuations. The only attempt at systematic disinfection of scarlet fever cases appears to be directed to the skin, the clothing, and other objects that have been in contact with the skin. Upon logical grounds there seems to be good reason for regarding with grave suspicion all excreta from a scarlet fever patient."*

*"Excretory Irritation," *op. cit.* p. 36.

I then proceeded to discuss the probable excretion of the pathogenic bacteria of typhoid fever, and of other specific fevers by the skin, kidneys, and other excretory channels. That was in 1890, and when the disinfection of urine in typhoid fever was, I believe, unknown, although now in 1904 it is a routine practice in the metropolitan infectious hospitals. In 1897 the disinfection of urine and all other excretions in specific infectious fevers was specifically suggested by me as desirable upon grounds arrived at by pure reasoning founded upon the facts of general excretory irritation. At the later date, I think I am right in stating that disinfection of typhoid urine was not in vogue in the London fever hospitals.

The law of excretory irritation has not been generally accepted under that title amongst British medical workers. On the other hand, it has never been upset by adverse criticisms. One gentleman at a medical society quoted a passage from Trousseau to the effect that a poison in the body might affect various outlets, and appeared to think in that way my conclusions had been anticipated by those of the illustrious French professor. So far from that, occasional references of a similar kind may be found scattered throughout the whole range of medical literature from Galen onwards. To speak vaguely of the elimination of a virus from the body, however, is a different matter from demonstrating the principle of the inflammatory action upon all excretory organs by blood-borne internal irritants, whether the latter be of a chemical, an auto-genetic, or a bacterial origin. It is certain that, nowadays, the principle is widely accepted by medical authorities, although the name of "excretory irritation" is not added. Under different guises my original theory has been arrived at by various continental and English writers during recent years.

The BRIEF comes promptly every month. As father is an editor, we have magazines and papers galore—none, however, which is read with more interest than the BRIEF—always something of interest and value for every member of the family.—GUSTAV E. HENCKEN, M. D., Ravenswood Station, Chicago.

[Written for the MEDICAL BRIEF.]
Small-Pox.

BY FREDERICK H. DILLINGHAM, M. D.,

Adjunct Professor of Dermatology New York Polyclinic; Late Assistant Sanitary Superintendent New York Health Department; Visiting Physician St. Joseph's Hospital; Fellow of the Academy of Medicine; Member of the County Medical Society; Medical Association of Greater New York, Etc., Etc. New York City.

Small-pox is a subject of great interest to the medical profession, on account of the numerous types which have been prevalent over the United States for some years past, and the fact that, as a rule, the first cases have not been correctly diagnosed, and the true nature of the disease recognized only after it had made considerable headway.

During the twenty-two years that I was connected with the Department of Health in the city of New York, I saw nearly fifteen hundred cases of small-pox, and probably as many more which were incorrectly reported as such, and I can truly say it is often one of the most difficult diseases we have to diagnose, and sometimes a positive diagnosis is impossible.

Small-pox is one of the most contagious of the exanthemata, and few persons exposed to the disease escape unless protected by a previous attack or vaccination. The disease is common to all ages, and the contagium is present in the exhalations, secretions, and especially in the crusts. There is no danger of contagion during the period of incubation, before the prodromal symptoms appear. The period of incubation is usually about two weeks, although I have seen it vary from seven to twenty-one days.

Invasion is usually marked by chill, often convulsions in children, severe frontal headache, and pains in the back and limbs, and, as a rule, there is high temperature. The prodromal symptoms, however, will not always give an indication of the severity of the disease, especially in the milder cases. A rash resembling that of scarlet fever or measles sometimes appears before the true eruption, and is most frequently seen in the inguinal region and in the axillæ. Another form is the hemorrhagic, in which

petechiæ appear over the whole body, even on the mucous membranes, and the patient may die before the appearance of the true eruption, in which case a correct diagnosis is often not made until other members of the family are attacked with small-pox.

In a typical case of small-pox the eruption appears on the third or fourth day as small red spots, which, in a few hours, become papular, elevated, and "shotty" to the touch, and are usually seen first on the mucous membrane of the mouth, then on the forehead and wrists, and extend gradually over the whole body.

With the appearance of the eruption the premonitory symptoms usually disappear, although they may continue for several days. The papules increase in size, and become vesicles with clear contents on the fifth or sixth day, often become umbilicated, and on the eighth day contents are yellowish in color, the umbilication disappears, and the form becomes globular. The pustules may dry quickly and become crusts. This process takes place first on the face, and follows the course of the eruption. The pustulation, fever, and general symptoms return, but subside usually after two or three days, although they may continue longer. In confluent cases, symptoms are more severe, and the lesions run together and coalesce. In mild or modified cases there may be no prodromal symptoms, and the eruption may be the first thing noticed; the lesions may be very small and develop quickly, some not advancing beyond the papular stage. Again, they may be superficial and become vesicular during the first twenty-four hours, and sometimes are seen first on the body instead of the face. I have seen a case where there were only six lesions on the body, and they entirely disappeared in seven days.

A few years ago the authorities all maintained that the lesions in small-pox never came out in successive crops, but I have seen a number of cases where papules, vesicles, pustules, and crusts were present in the same area.

The disease most likely to be confused with small-pox is chicken-pox. In typical cases there should be no difficulty in making the diagnosis, but those of the irregular type often present great difficulty

even to those who have had a large experience. There is no symptom or character of the lesion that is found in chicken-pox that I have not seen in some degree in small-pox, and it is necessary to carefully consider the early symptoms and character of the lesions. Some claim that chicken-pox does not occur in adults, but I have seen many such cases.

In making a diagnosis, the following points will be of value, although in the irregular cases the symptoms vary, and none of them can be depended upon. The invasion is more severe in small-pox, and lasts three or four days, while the eruption appears on the first day in chicken-pox, and there is no secondary fever. In some cases of small-pox the invasion may be slight or not noticed, and the secondary fever absent. The temperature in small-pox usually falls when the eruption appears, while it increases in chicken-pox during its development. In small-pox the eruption appears first on the mucous membrane of the mouth, then on the forehead, and wrists, while in chicken-pox it is first seen on the shoulders and chest, although it may be present in the mouth.

In small-pox the lesions are more uniform and deeply seated, and commence as small papules, not usually becoming vesicles before the second day, while in chicken-pox they appear as maculæ, which develop into vesicles in a few hours, and are very seldom shot-like, but superficial, flat, and of irregular shape. The vesicles usually have a firm base in small-pox, while they are superficial, and can be easily brushed off in chicken-pox. In small-pox the eruption usually follows a regular course over the body, and does not appear in successive crops as in chicken-pox. Umbilication may be seen in chicken-pox, but is not as general as in small-pox. The pustules in small-pox keep their form well for several days instead of becoming flattened and breaking down, as in chicken-pox. The secretion in chicken-pox is mostly transparent. The duration of an attack of chicken-pox is much shorter, and there are few scars.

In measles, the catarrhal symptoms are a great aid in the diagnosis, the temperature gradually increases, and reaches its height while the eruption is appearing over the body, but there is not the rapid

fall seen in small-pox. The eruption spreads very rapidly, and the lesions are larger, crescentic, and more superficial, without the "shotty" character, and never become vesicles or pustules.

The hemorrhagic form is sometimes mistaken for scarlet fever, but the constitutional symptoms are more severe, and the eruption does not disappear on pressure, and is of a more intense red color. The absence of the crusts, the condition of the tongue and throat, hemorrhages of the conjunctiva, should exclude scarlet fever. In syphilis, the history of the case and character of the lesions should enable one to make a diagnosis. I have seen persons suffering at the same time with small-pox and scarlet fever, small-pox and measles, and small-pox and syphilis and it should be remembered that this may occur.

Treatment.—All carpets and furniture should be removed, and the room should be well ventilated. Cleanliness of the patient is very important, and the linen should be frequently changed. Everything that has been in contact with the patient must be disinfected. The treatment is mainly symptomatic. It is often necessary to give opium or one of the cold tar series to relieve the pain in the beginning. The diet must be light during the early stage of the disease, and it is well to rely upon milk and broths. Cold drinks may be freely given. The fever may be reduced by cold sponging or by wet pack. The lesions should be protected from the light, and lint soaked in a weak carbolic or bichloride solution can be applied to the face and hands. The body should be anointed with vaseline or some oil which relieves the itching, keeps the crusts moist, and prevents desquamation from flying in the air. If there are many lesions on the scalp, the hair should be cut short. Particular attention should be paid to the condition of the eyes, mouth, throat and nose, and they should be cleaned and washed with an antiseptic solution several times a day. The patient must not be discharged until all the pocks have been removed, and the desquamation has ceased.

148 West Eighty-Fifth Street.

A merry Christmas and happy New Year to all.

[Written for the MEDICAL BRIEF.]

The Growth of the Science of Medicine and the Progress of Medical Education in the United States.

BY JOHN C. LE GRANDE, M. D.,

Professor of Obstetrics Birmingham Medical College; Editor "The Alabama Medical Journal;" Ex-Vice-President of the American Medical Association; Ex-President of the Medical Association of the State of Alabama; Ex-President of Tri-State Society of Tennessee, Georgia and Alabama. Birmingham, Ala.

When we review the work of the past centuries in the general scientific world, it is not strange that we find that the science of medicine has kept equal pace, and has, as the other sciences, passed through the formative and chrysalis state to a condition of steady growth, whereby it has developed into a fully recognized and distinct science. That it should have remained so long as charlatanry, and that the physician should have been regarded through that period as a quack or "hoo-doo-man" can be readily explained in the light of our present knowledge.

The science of medicine embraces the total knowledge of all the different branches of science, and the art of practicing medicine is the art of applying the principles of all scientific methods for the purpose of relieving suffering humanity.

With this definition of the medical science, we can see that our present system of medicine has developed by a process of evolution and natural growth, progressing methodically with the development of the composite sciences, and as knowledge grows, as all nature, by the law of occasion, and necessity, it happens that we find the sciences in any period in the same condition as the existing state of society. In developing history of the medical science, we find that this relation has always been invariable, and we can determine the condition of medicine at any past century by knowing the state of society at that time.

The beginning of the nineteenth century seems to have been the birth of the renaissance of science in Europe. The way having been prepared by the five former centuries of intellectual culture and development of the classical education; and, as science and liberal education bear

the same relation to each other as fact and philosophy, we find that as one grew, the other expanded, and as one expanded the other grew. With this relation and interdependence, a little philosophy and a few facts found in the earlier part of the nineteenth century, have, by the process of induction and deduction, so expanded until the scientific method has invaded every branch of knowledge and every process of life. We no longer act by instinct, but by reason; no longer live in darkness, but in truth.

The use of medicine or remedies had its birth from a condition of necessity. The fact that the human being became very early cognizant that he was mortal, that not only must he die, but that he was subject to many diseased conditions which were curable, made him very early investigate the causes of death and disease, and to devise means for their prevention. As we trace the history of medicine until it became a science, we find that as other things produced by conditions of necessity, it was subjected to some trying ordeals, and some very bad practices following the laws, causes and progress of society at any period.

The first historical champion of its cause we find in Hippocrates, who flourished about 500 B. C.; after him came Galen, who probably pursued the same course, and used the same remedies, which consisted of a few botanical compounds, and some mineral alkalies; in the fourth century, A. D., we find hospitals established, and the science of sanitation founded. About this period one of the great masters died, who, during his life had promised to leave to his pupils a volume containing all the secrets that pertained to medicine. After his death the much coveted, large and beautifully bound volume was found, whose size indicated much untold knowledge, and many unknown secrets. On being opened, the following words were found: "The whole secret of medicine consists in keeping the feet warm, the head cool, and purging." Such was the condition of medicine at that time.

At the middle of the fourteenth century we find the bubonic plague raging in Europe, which the faculty of Leipzig attributed to effluvia from the existing vol-

canoes. It was from this cause that Venice had three officers appointed to guard the public health. During the middle of the fifteenth century, there was caused to be appointed by the imperial diet physicians in every part of the German empire, whose duty was the guarding of public health. In the sixteenth century we find Paré, the father of French surgery, and Harvey, the demonstrator of the circulation of the blood, at work in France and in England. At the middle of the eighteenth century there was not a privy closet in Madrid—the excretory matter was thrown at night into the streets, to be removed the next day by public scavengers; the general opinion of the physicians and officers of sanitation was that it would purify the atmosphere.

The King of Spain then gave an edict for the establishment of closets, which was strenuously opposed by both laymen and physicians. They yielded, however, with the permission to put them near the kitchens, in order to purify the food by the emanations from the closets. Such was the condition of the science of medicine and the state of society in certain parts of Europe at that time.

In the middle of the eighteenth century, Velpeau, dressed in rags, and amid the derision of his companions, was studying anatomy. In 1776, Jenner made use of the process of vaccination. At the beginning of the nineteenth century there were no microscopes which could be used for investigating tissue. A volume of "Clinical Medicine," published in 1806, has no mention of the anatomical changes in heart disease. In 1808, Corvisart explained the uses of percussion in diagnosing disease. Laennec, in 1819, described the stethoscope, thus making use of invaluable instrument in the terminating changes in closed cavities. In 1827, Bright laid the foundation for investigating the changes in the kidney by urinary changes. Latour, in 1837, analyzed and explained the causes of putrefaction, and thereby paved the way for Lister's work thirty years later. In 1847, Leedy discovered the trichinis spiralis. Anesthesia came into use about the middle of the century, which completely revolutionized the science of surgery. Virchow, in 1860, announced his great cellular theory, which has made the

study of medicine a study of science. Oil immersion lenses had now become perfected, and made the causes of many diseases known, immediately following which Pasteur discovered the cause and cure of rabies, making the beginning of serum therapy. The bacillus of malignant edema was discovered, in 1875, by Pasteur; in 1880, the bacillus tuberculosis, by Koch, the bacillus diphtheriticus by Klebs. The bacillus typhosus by Eberth. The tetanus bacillus by Nicolaier. The pneumococcus, by Frankel, in 1884. The cholera vibrione, by Koch.

Several years later, the plasmodium of malaria, by Laneran. In 1894, the bacillus of plague, by Kitasato. Serum-therapy now came into use, which has robbed many of the infectious diseases of their terrors.

This was followed by the discovery of the cause and prevention of yellow fever. Then came the investigation of the mosquito as an intermedial host in the transmission of the organisms of malarial and yellow fevers. Along with this came the increasing number of discoveries with the Roentgen rays. We make mention of these merely as epochs showing some of the steps of progression, by which medicine has become a science. In surgery the steps of improvement have been equally noticeable, and it has been lifted from a simple trade of a barber to an exact, perfected, and brilliant science. Such names as Park, Velpeau, Lister, McDowell, Sims, Tate, Emmett, and many others, adorn the pages of its history.

The territorial growth of the science of medicine and medical education has been co-extensive with its intrinsic growth. Beginning in Europe, following civilization westward, it first met the United States in the Eastern States. Here it was confined a long time, because the pioneers of the country were busy for a century or more with questions not more vital, but more prominent.

At the beginning of the nineteenth century we find the science with a fairly strong foothold. At this time there were four medical schools in this country, and the nucleus of the American profession was formed. The profession, however, had not united themselves into a body, nor had the legislatures of the

States enacted any statutory laws for the regulation of practice. The people had only a quarter of a century before proclaimed the republic, and naturally revolted against anything with the semblance of restriction. Both laymen and physicians lay dormant until 1832, when New Orleans lost eight thousand of her fifty-five thousand population from cholera. This made the necessity for some method and organization.

In 1848, the American Medical Association was formed, which at first endeavored to take care of everything which pertained to the practice of medicine in the United States.

In 1865, we find a State Board of Health in Louisiana, to be followed, in 1870, by one in California and Massachusetts. In 1872, a National Board of Health was formed, under the auspices of Congress. While our science was gradually growing on the people through its branch of sanitation, the people were gradually increasing in number, prosperity, wealth and liberty. This growth, of course, broadened their mental horizon and culture, but the full necessity for recognition, organization and legislation was not felt until 1877, when yellow fever spread its ravages over the entire seaboard.

In New Orleans alone, more than fifteen thousand people were infected. This gave an impetus to medical thought and medical education; our profession was regarded as a distinct body, demanding recognition and legislation. The profession at once began to form themselves into State, county and municipal societies, and by a liberal policy proposed to further the science of medicine, and protect the health of the people, and by liberal grants from the people, to protect themselves.

Medical education since then has taken on new life and growth. The four medical schools which existed at the beginning of the nineteenth century have gradually extended their influence until we now find in almost every city in our land a medical institution, equipped with the best corps of teachers, and the most scientific methods.

This progress has been especially great in the Central, Western and Southern States, which only a few years ago were isolated from home medical education.

Until recently, it was customary for all medical geniuses, discovered in these States, to go eastward to seek great opportunities, but to-day their physicians, their medical laws, their organizations, their societies, their teachers, their schools, their medical pupils, are the peers of any country.

This great spreading and growth of medical education in the United States has been due, first and foremost, to the high esteem with which the physician is held by the people; to the great progress in public education, thereby stimulating the physician to greater effort and greater demand, and at the same time furnishing him with opportunities for better preliminary education; to organization and judicial legislation, thereby making a unit of the profession, by which joint effort may be made in promoting their welfare, and for public protection; to specialization, by which the several different branches of medicine have reached a state of perfection, which could hardly have been otherwise attained; to the post-graduate schools—those institutions which, though of recent origin, have spread their influence over the entire United States; and which have eliminated the necessity for two generations of waiting and experience in order to make a doctor; which have placed competent surgeons in every city, town and hamlet; to the greater number of medical schools, and to higher standards of medical education, thus increasing facilities, and stimulating effort; to the untiring efforts of State and county and municipal societies in their endeavors to perfect organization for the protection of public health; to the loyalty and devotion of the medical press by means of which medical thought has been exchanged, investigation and research stimulated, and the relations of physicians and society made stronger.

In reviewing the science of medicine as a whole, we find that it has grown into a magnificent structure, whose base was formed centuries ago by the founders, whose superstruction has been builded by the artisans of the past century, whose adornment must be made by the artists of the twentieth century. The field for adornment is unlimited, and as it in-

creases the structure will grow in beauty and magnificence.

It may be asked when will these structures have been completed? The answer comes—never. So long as Nature holds in her bosom untold secrets, so long as scientific researches continue to be made, so long as the spirit of sympathy throbs in the human breast, so long must this structure be adorned.

It may also be asked when will progress in our medical education be completed. The answer comes, not until the structure of scientific medicine can be no longer adorned; not until our schools instead of conferring the M. D. may confer the LL. D., and the physician is no longer doctor of the laws of the science of medicine, but doctor of the laws of all science; not until Death has ceased his ravages, and man is made immortal.

Enclosed find one dollar for the BRIEF for 1905. I admire your independent journal. It looks a little like personal liberty.—W. S. HART, M. D., Bowling Green, Fla.

[Written for the MEDICAL BRIEF.]

Report of Two Abdominal Cases.

BY A. VANDER VEER, M. D.,

Professor of Surgery in the Albany Medical College; Surgeon-in-Charge of the Albany Hospital, Etc., Etc.
Albany, N. Y.

Case 1.—Multilocular Cyst.—Mrs. A. B., married, housewife, aged forty-six. Family history excellent, except paternal grandfather died of cancer. Usual diseases of childhood. No history of traumatism. Bowels usually constipated. Menstruated at fourteen. She did not notice anything unusual until last January. Then observed some soreness through her abdomen, which became enlarged. More or less pain on the right side, and was troubled greatly with intestinal indigestion. She suffered with occasional chills. Enlargement of the abdomen continued; of late she has had some stomach disturbance, being unable to take her food with any comfort. Physical examination showed some fluctuation of left side, feeling of some irregularity with distinct

fluctuation lower down toward the right side. Pelvic examination showed the neck of the uterus normal. Diagnosis: multilocular ovarian cyst. Immediate operation advised, because of the great distress and pressure against the diaphragm. Operation, July 23d. Median incision. On opening peritoneal cavity, a large cyst had ruptured, filling the abdominal cavity with a gelatinous-like mass of fluid, extending up behind the spleen under the diaphragm and liver. Other smaller cysts were found, and finally the tumor and cyst contents were thoroughly removed. No washing. Pelvis dried as well as possible with soft gauze sponges, and tumor found to arise from the left ovary. This together with the tube removed. Also right ovary and tube removed, as the right tube gave the appearance of a hydrosalpinx. Peritoneal toilet prepared with as much care as possible, and peritoneum closed with chromicized cat-gut No. 1, layer sutures and skin closed with chromicized cat-gut. The usual dressings applied.

This case is an unusual one, and rarely met with; the gelatinous fluid undoubtedly aseptic. In the treatment of the cavity of the peritoneum I found it far more satisfactory not to wash out, but to remove as much as possible with the hand, then dry the peritoneum, and not drain.

Case 2.—Fibroid Tumor.—Mrs. B., aged forty-five, married, housewife. She had had usual diseases of childhood. Menstruated at fourteen. Suffered for several years from constipation. Has not menstruated since last March. Regular up to that time. A year ago last April, noticed some irritation of the bladder, with frequent desire to urinate. The movements of the bowel were flattened, and at times it was very difficult to secure a good passage. About this time she observed some enlargement of the abdomen. Suffered a good deal from headache. Complaints of some difficulty in getting up and down stairs. Some swelling of the feet, and thinks she has heart trouble. Physical examination showed the heart to be in normal condition. The tumor is made out filling the pelvis, extending very low down, pressing the cervix far into the vagina, and posteriorly the mass can be felt per rectum, and extends up beyond

the reach of the finger on both sides; the pelvis seems to be blocked; there is pressure against the neck of the bladder. This condition accounted for her difficulty in getting a movement of the bowels, and irritation of the bladder. Diagnosis of fibroid tumor, possibly a dermoid cyst. Patient has had no severe hemorrhage at any time since she noticed the enlargement. Operation: median incision. Patient placed in Trendelenburg position, and with considerable difficulty the tumor was loosened from its attachment in the pelvis, adhesions were very strong, but tumor finally lifted up into the abdominal cavity. The tumor was the size of a child's head. After loosening all the adhesions, a superficial hysterectomy was done. All vessels carefully ligated, but a continuous oozing deep down in the pelvis was noted. Hot gauze sponges had good effect in controlling it, and it was not found necessary to leave in any gauze tampons. A long glass drainage tube, reaching well down into the bottom of the pelvis gave continuous drainage. Incision closed, with layer sutures of chromicized cat-gut, except at the lower point two interrupted silk sutures were placed around the glass drainage tube to hold it firmly in position. Hemorrhage was found to be somewhat profuse before she was placed in bed. The head of the bed was raised, and directions given to pack the tube every half hour. Operation complete at two P. M.; at 2.30 the drainage was found to be quite profuse; at four the patient showed some evidence of exhaustion, and her pulse became somewhat weaker. Infusion was done, one thousand two hundred cubic centimeters.

Rectal enemas of whisky and normal salt solution; hypodermatic injection, one-half grain strychnine every three hours. After this the patient rallied very satisfactorily, and at eight P. M. was in excellent condition, with good pulse, drainage very much less, perfectly conscious, expressing herself as feeling very comfortable.

The use of the drainage tube in these cases undoubtedly is of great value. The oozing usually ceases in from twelve to twenty-four hours, and the tube is removed, just leaving a strip of iodoform gauze in the tract to relieve any serous

accumulation. Though not at all unusual, this case exhibited most delightfully the benefit of the Trendelenburg position. One was able to see all of the cavity of the pelvis, and note that there were no bleeding vessels; it was the oozing from the many adhesions which caused the hemorrhage. The use of the drainage tube is of great help in relieving the possibility of internal hemorrhage in these cases.

28 Eagle Street.

Enclosed find one dollar money order, for which please send me the MEDICAL BRIEF another year. I like the journal very much, and wish you continued success.—
L. HAWKINS, M. D., Winchester, Okla. T.

[Written for the MEDICAL BRIEF.]

Are the Teeth of Diagnostic Value in Systemic Disease?

BY WILLIAM J. LEDERER, D. D. S.,

Instructor of Oral Surgery in the New York School of Clinical Medicine.
New York City.

It is a well-known fact that lesions of peripheral organs can often be linked with systemic disease, and in the course of the progress of medicine many symptoms that were formerly treated as local disease, have been recognized as being produced by systemic conditions. In this progress of the recognition of disease, its symptomatology, etiology and treatment, a factor has been overlooked, or rather its various conditions and relations to systemic disease have not been allotted the prominence in symptomatology it actually deserves.

This factor is the condition of the teeth, and the relationship these organs may bear to systemic disease.

Dentistry, as an individual calling, has within the last twenty-five years made greater strides than perhaps any other branch of the art of healing, and from the mere mechanical replacing of lost organs for the sake of cosmetic effect, it has developed into dental and oral surgery, with a symptomatology and *materia medica* of its own.

From year to year less teeth are sacrificed, oral conditions are better recognized, and more successfully treated from

the oral specialist's point of view, but the actual coherence of certain dental, oral and systemic conditions has not been as fully recognized as is necessary to obtain perfect results from both the medical and dental point of view.

That the teeth are affected by systemic conditions is true, for any pathological condition that will alter the metabolism of the body is bound to bring about changes here as well as anywhere else, as the teeth are part and parcel of the human economy, and receives their blood, lymph and nerve supply from the same sources as any other part of the body. Were it not so, how can we account for the variations in the dental organs of different temperaments, as one finds variations in cranial contour, general framework, muscular development or quality of the voice. Thus the long, fine, bluish tooth is found in subjects with a prominent, not broad, but expansive chest; and the rather broad, unshapely, opaque and muddy-colored teeth in subjects with a large chest, though lacking in expansive power, showing that all factors exercising influences upon the system at large will also reflect upon the teeth.

Hutchinson long ago recognized the peculiar appearance of the teeth in inherited syphilis; and the atrophic changes affecting the teeth after diseases like typhoid, rickets, and sometimes scarlatina and measles, are also well enough known. Odontalgia in a sound tooth, as the result of some distal irritation, so often met with in pregnant women, hardly needs any mention. Still all these dental affections were at some time considered local lesions, and only in course of time was their true etiology recognized. Thus there are conditions which the dentist meets to-day, and often hopelessly tries to combat with local treatment, which undoubtedly will some day be recognized as associated with and caused by some systemic trouble. Thus pyorrhea alveolaris, Rigg's disease, is frequently met with, and very poor results obtained; in fact, at times only temporary relief is enjoyed by the patient. If this be a truly local disease, it certainly ought to yield to faithful local treatment. If all local factors are eliminated, and the disease does not abate, it is therefore a local

manifestation of a systemic disease. I have frequently found it associated with diabetes mellitus, arthritis urtica, and there is no doubt but that these diseases of metabolism reflect upon the teeth in some way.

Another condition met with, such as spontaneous loosening of the teeth in subjects where senility is out of the question, what causes this? Local conditions excluded, it is no doubt caused by atrophic affection of the nervous system; some disturbance, such as one would be apt to find in tabes dorsalis, and, therefore, the question arises, is not this symptom of diagnostic value? It must be, for every effect must have a cause.

The writer is at present engaged in research bordering on these subjects, and will later publish the results obtained. There are other conditions met with in the mouth apparently of local origin, which now trace their cause to systemic derangements, and though not understood to-day, will undoubtedly, when more is known about their etiology, be recognized as buccal manifestations of systemic disease. The recognition of this will prove of benefit to all, the patient, the physician and dentist, and will serve to ameliorate pain and shorten the period of disease.

150 East Seventy-Fourth Street.

[Written for the MEDICAL BRIEF.]

Two Cases of Empyema of Gall-Bladder, With Some General Remarks on Gall-Stones.

BY HOWARD HILL, M. D.,

Professor of Surgical Anatomy, University Medical College; Fellow Kansas City Academy of Medicine; Member Jackson County Medical Society, Member Mississippi Valley Medical Association, Member American Medical Association. Kansas City, Mo.

Case 1.—Mrs. V. C., aged sixty-five. Seen with Dr. J. H. Laning, at St. Joseph's Hospital, January 24, 1903.

The history of this case was that on January 20th she was taken suddenly ill with pains all over the abdomen, accompanied by vomiting. At the end of twenty-four hours the pain had localized in the right iliac fossa, where the Doctor noticed a lump which seemed to him to be almost in the abdominal wall. The

patient's temperature at this time was 101° F. Her condition remained about the same for the next forty-eight hours. The tongue became exceedingly dry and brown, the pulse intermitting every three or four beats, and the patient presenting the appearance of profound illness. I saw her at five o'clock in the afternoon. Examination showed a mass in the right iliac fossa, the most prominent part of which was at McBurney's point. It shaded off in all directions from this point. It was immovable, and the abdominal wall was rigid over it. It did not quite extend to the median line, nor did it extend up to the ribs. Palpation gave a deep-seated sense of resistance, showing that there was fluid well walled off.

I concluded from the history and physical signs that we had to deal with a large periappendicular abscess, in all probability adherent to the abdominal wall. There was heard, over the whole precordial area a loud diastolic murmur. Operation was very clearly indicated, but the patient's general condition made it a somewhat hazardous undertaking.

It was pointed out to her and to her friends that on account of the cardiac lesion she might not survive the administration of the anesthetic. She and her friends decided to take the risk, however. Dr. Abram Miller was called, and gave the patient morph., one-fourth grain, ten minutes before he administered the anesthetic, which was chloroform. He put her under the anesthetic with great care, and I must say that he is deserving of the highest praise for the skill he exhibited in this case, for at no time during the operation were we annoyed by rigidity of the abdominal wall, due to insufficient anesthesia..

Operation.—A three and one-half inch incision was made through the right border of the rectus muscle, down to the peritoneum. On retracting the abdominal wall, it was seen that a mass was adherent to the peritoneum in the outer portion. To the inner side, however, the parietal peritoneum rose and fell with inspiration, showing that it was not everywhere adherent. In order to determine the nature of the mass more accurately, I made an incision through the parietal

peritoneum, internal to the mass, that I might palpate it from within.

I found a mass attached to the parietal peritoneum of an area of, probably, an inch in diameter. I thought it best to separate this, and after doing so, the peritoneum was opened the full length of the incision. After separating some omental adhesions, I found the mass was a livid, distended gall-bladder of almost a plum color. There were numerous adhesions of omentum to the gall-bladder. These being separated up to the neck of the gall-bladder, it was found that the duodenum was also adherent to the side of the gall-bladder. After separating these adhesions, the gall-bladder was walled off with gauze packs, and as we had no trochar to tap the gall-bladder, the patient was turned on her side, and the gall-bladder opened with a cut of the scissors, when an enormous quantity of pus and bile-stained mucus was discharged—probably a half pint.

After removing eleven large, black, smooth, faceted stones, one was found impacted in the neck of the gall-bladder, which was dislodged and removed after considerable difficulty.

Palpation of the common, hepatic and cystic ducts showed them to be free from concretions. The opening being rather low for a cholecystostomy, a puncture of the abdominal wall was made at the point where the fundus came easily up to the parietal peritoneum, and the gall-bladder brought out at this point and fastened.

On account of the friability of the gall-bladder, it was impracticable to use a purse-string suture in fastening the drainage tube in the gall-bladder, so the gall-bladder was attached to the transversalis fascia by a few interrupted sutures, and the drainage tube surrounded by gauze was inserted into the bladder, and for fear there might be leakage into the peritoneal cavity, gauze drainage was introduced through the lower wound which was now sutured, up to the gauze drain.

The patient was put to bed in fairly good condition, after having received one and one-half pints of hot saline solution under the mammary gland. There was profuse drainage from the gall-bladder during the next forty-eight hours, but the pulse and general condition, especially the

brown, dry tongue, showed little improvement until the morning of the fourth day. On this day the pulse was 102° F., the temperature ninety-nine, the tongue moist, and the general condition good, the gall-bladder drain draining freely. From this time on, the convalescence was uneventful. The gauze drainage was gradually removed from the lower wound, which closed up nicely.

The tube was removed from the gall-bladder at the end of one week. A few days later, bile began to pass in the stools for the first time. We now strapped over the drainage opening with zinc oxide plaster, which effectually prevented any further leakage of bile.

The patient remained in the hospital four weeks, and then went home in very good condition. She made a complete recovery from the operation, and I presented her to the Academy of Medicine several months later, she being at that time in good health, except for a chronic mucous colitis.

Case 2.—Empyema of the gall-bladder, stricture of the cystic duct, septic intoxication, adhesions of duodenum, pylorus and omentum to gall-bladder, and inferior surface of the liver, large calculus in the gall-bladder, chronic dyspepsia.

Mrs. K., aged sixty-four. She has suffered from indigestion for the past twenty-five years. During this time, in addition to discomfort after eating, and inability to eat many of the ordinary articles of diet, she has suffered numerous attacks of acute indigestion, accompanied by pain in the epigastrium and vomiting. Dr. Dunham, of this city, has seen her in several. She would be confined to the house for several days. She always located the pain in the epigastrium. She has never been jaundiced.

On September 15, 1904, she again became sick. Dr. Dunham saw her this time, and prescribed for her. She was confined to her bed for several days, and had fever up to 101° F. She was weaker, and was confined to bed longer than usual. On October 1st she noticed a tumor in the right side below the costal border. Dr. Dunham saw her a day or two later, and confirmed the presence of a mass at the location of the gall-bladder, which was quite sensitive. I saw her with Dr.

Dunham, on October 7th. By this time the mass extended from one inch below the costal margin downward, and inward to a point one inch below the level of the umbilicus, and one inch to the right of the median line. It was tender, elastic, and could be moved from side to side, and pushed upward. It was very evidently a distended gall-bladder.

Her temperature at this time was 101° F., therefore, in addition to a distended gall-bladder, we, in all probability, had to deal with an empyema of the gall-bladder.

On palpation of the stomach from left to right gurgling of gas occurred, showing that there were adhesions to the pylorus, with partial obstruction. It was thought that in all probability we had to deal with a stone impacted in the pelvis of the gall-bladder, causing retention of the secretions of the gall-bladder, notwithstanding she had never had any definite symptoms of gall-stones, such as colic or jaundice. We could exclude malignant obstruction, due to a growth in the pancreas by the absence of tumor, and by the history which showed clearly an acute process. There was, in addition, no appearance of cachexia.

Operation was advised, to which the patient at first declined to submit, but finding herself getting no better, she entered Agnew Hospital, on October 14th, and was prepared for operation, which was done next day.

This preparation of a patient for an abdominal operation is simplicity itself. The patient takes a hot bath, and receives two ounces of castor oil at three o'clock in the afternoon, before the operation. This effectually clears the alimentary canal, and does not abstract a large volume of water from the system, as does a saline cathartic. A point of the greatest value in abdominal work is that after castor oil purging the intestines are, as a rule, as flat as ribbons, therefore, they can be packed away from the field of operation very readily, without using undue force.

Operation.—An incision was made, one inch to the right of the median line, through the rectus muscle, and the abdomen opened. The gall-bladder presented in the incision. The pylorus and duodenum were adherent to the neck and left

side of the gall-bladder, and under surface of the liver, just internal to the neck of the gall-bladder. The omentum was adherent to the fundus. These adhesions were old, and evidently had existed for many years. They were dissected away. The gall-bladder was walled off by gauze packs, and the fundus brought out of the wound and tapped, removing six ounces of pus and mucus. The opening was enlarged and the stone removed from the neck of the gall-bladder, which was now wiped out with dry gauze. After packing the gall-bladder with gauze, the common and hepatic ducts were gone over carefully, and found free from stones. The pancreas was not enlarged, nor was it indurated.

The pyloric end of the stomach and duodenum showed no evidence of ulcer, either old or recent. On removing the packing, no bile entered the gall-bladder, so that its removal became necessary, since we know that in case of drainage of the gall-bladder where there is a stricture of the cystic duct, a permanent fistula will result, since the walls of the gall-bladder secrete about one ounce of mucus daily. This was done by Mayo's method—ligation of the artery and duct, and removal of the gall-bladder from below, upward. In this case I dissected off enough peritoneum from the gall-bladder to cover in the bed of the gall-bladder after removing it.

I tied the cystic artery where it crossed the cystic duct. I next ligated the cystic duct separately.

After removing the gall-bladder, I placed a purse-string suture around the cystic duct, and tied it, thus covering in its stump. The peritoneum was brought together by a continuous cat-gut suture. The abdomen was now sponged out, and as there was no oozing, and as I felt that the duct and cystic artery were securely closed, I closed up the wound without drainage, using cat-gut sutures for the different layers. The skin was closed by the sub-cuticular method.

The highest temperature after the operation was 100.25° F., which occurred on the third day. She suffered no shock, and had very little pain after the operation. I had the greatest difficulty in convincing her that she could probably digest

almost any kind of food, for she had suffered so long that she had no confidence in her stomach. However, on testing different articles of diet, she found that she could digest anything she cared to eat, much to her surprise, as she had not comprehended the fact that the operation was intended to relieve her stomach symptoms.

Dr. Dunham reports that she is now able to digest anything and everything she eats, without discomfort.

These two cases show that gall-stones may exist for many years unsuspected, until one of the complications arise. In both these cases we find that they had suffered for many years with so-called indigestion, in all probability due to the adhesions which were found at the operation. Doubtless had these patients been subjected to a careful examination during the attacks of so-called acute indigestion, keeping the possibility of gall-stones in mind, it would have been noted that the upper portion of the rectus muscle was rigid, and that pressure over the gall-bladder would have increased the pain in the epigastrium.

Murphy's test is of great practical importance in the diagnosis of stones in the gall-bladder. It consists of pressing the fingers deeply under the ribs at the ninth costal cartilage, and requiring the patient to breathe deeply. When the gall-bladder descends until it strikes the fingers, a sharp pain is felt, and inspiration is suddenly arrested.

In cases of chronic indigestion, unrelieved by appropriate remedies, the possibility of gall-stones should always be kept in mind, and a physical examination should be made. It is astonishing how easy it is to make a diagnosis in some cases, once our attention is drawn to the possibility of gall-stones, even in cases that have not had colics or jaundice.

In Case 1, we have a history of gall-stone colic twenty-five years previously. I have no doubt, from the appearance of the stones, that they had been in the gall-bladder since that time, remaining dormant, and only their results, the adhesions, causing trouble with the emptying of the stomach.

At that time the diagnosis had been correctly made, but the patient had for-

gotten it when she became ill, and only remembered when told of the results of the operation.

I do not care to dwell on the diagnosis of the typical cases, characterized by colics, scapular pain, jaundice, etc., but I do wish to draw attention to the possibilities of gall-stones, the cases cited showing that a patient may have gall-stones for years, and, finally, when old and weak, and after suffering for many years, they come to operation that is imperative, in order to save their lives. I might add here that these cases demonstrate conclusively that the operation, in good hands, even in bad cases, is not a dangerous one.

It has been shown by Mayo Robson that in cases where stones were left in the common duct at the time of operation, on account of the bad condition of the patient, injections into the fistula were inefficient. How foolish it is to expect results from medicines taken into the stomach. On the other hand, operations for removal of the stones from the gall-bladder have a mortality of less than three per cent, which includes cases of empyema. Cholechootomy, in addition, gives a mortality of about six per cent.

Mayo Robson, in his late work, gives twenty-seven complications that may result from gall-stones, the most important of which are: Empyema of the gall-bladder, as in the two cases reported; localized peritonitis with adhesions to the stomach; perforation of gall-bladder; general septic cholangitis; cancer of the liver, of which I have seen two cases this year; subphrenic abscess; chronic pancreatitis; chronic invalidism and inability to perform the ordinary duties of life, with which we are all familiar.

How many persons, in all walks of life, fail utterly from this cause? For they are liable to be laid up just when they have important business on hand, and being unable to attend to it, someone else is called in. If the person is employed, no matter how good a man he is, someone else gets his place. If a professional man, someone else gets his professional work. If a business man, he fails because he can not give to his business the attention it deserves.

Cholecystotomy, removal of the stones and drainage, with three weeks' loss of time would cure these cases, for it has been shown that gall-stones do not recur in the gall-bladder after removal.

Coming back to the cases of empyema, it will be noted that in Case 1 I drained the gall-bladder, while in Case 2 I removed it. In case of impacted stone in the neck of the gall-bladder, or cystic duct, I do not recommend or practice removal of the gall-bladder if bile enters it after removal of the obstruction, unless its walls are very badly damaged by inflammation, for with drainage of the gall-bladder it will recover practically completely. In Case 2 I had to deal with a closure of the cystic duct. In such a case it becomes necessary to remove the gall-bladder, since if this is not done we would have a permanent mucous fistula, which will discharge from one and one-half to two ounces of mucus daily.

In conclusion, I would say that gall-stones are essentially foreign bodies that give rise to much suffering, and not a few deaths; that we are unable to say when a simple case of stone in the gall-bladder might not become lodged in the common duct, producing a condition that, if unrelieved, will lead to the death of the patient.

That many cases lead to chronic disability from interference with the stomach and duodenum, by adhesions set up as a result of local peritonitis; and that operations for stones in the gall-bladder are never followed by recurrence in the gall-bladder. Therefore, we should operate as soon as the diagnosis is made, for operations for stones are much safer, and fewer operations will have to be done on the common duct if the operations are done early, which would mean that most of the operations would have a mortality of less than three per cent, and this will ultimately be reduced, I think.

413 Rialto Building.

I have occasionally in the past read a copy of the MEDICAL BRIEF, but recently came across a copy which I found so helpful and timely that I enclose herein one dollar for a closer intimacy with your journal for 1905.—L. B. BATES, M. D., St. Matthews, S. C.

[Written for the MEDICAL BRIEF.]

Venereal Sores Clinically Considered.

BY EUGENE FULLER, M. D.,

Professor of Venereal and Genito-Urinary Surgery
in the Post-Graduate Medical School and Hos-
pital; Visiting Genito-Urinary Surgeon to
the City Hospital, etc.; Author of "Dis-
eases of the Genito-Urinary System."
New York City.

When a patient appears with a sore on the external genitals, the consultant should never jump at the conclusion that the lesion must necessarily be of a venereal nature, or if it is such that its presence bears any direct relation to a preceding sexual attack. In other words, a given lesion may be classed under one of three headings:

1. It may be the direct result of infection following sexual intercourse, in which case it is chancre or chancroid.

2. It may have occurred entirely independently of such preceding cause, or if so dependent, it may not be of an infectious nature.

3. And lastly, it may be a late syphilitic lesion, the presence of which bears no relation to any recently preceding coitus.

The first question which is usually and very properly asked of a patient with the above complaint relates to the existence of preceding sexual intercourse. If such has existed, it is of importance to ascertain just how many days have elapsed between the exposure and the discovery of the sore. If the period named be two to four days, or thereabouts, chancroid should be thought of. If it be ten or twenty days, or even longer, up to thirty, and perhaps forty days, the evidence would point toward chancre. The examiner should, however, be very careful not to be misled by the answers of the patients to his first direct questions. If a short interval be given to represent the time between the exposure and the sore, the sexual history of the individual shortly previous to the last coitus should be investigated.

As a result, it may be found that in that time coitus on numerous occasions had been practiced with the same or with various individuals. If such be the case there is, of course, no reason for supposing that the true period of incubation of the sore is as brief as was at first sus-

pected. There seems often to be displayed an inclination on the part of patients to lay the blame for any trouble they may discover on the last person to whom they were exposed. The wrongful denial of the existence of preceding sexual exposure is rare as regards men, but somewhat frequent as concerns women. The examiner should also be careful not to be carried away with the supposition that a venereal sore exists because a patient possessed with that idea is very definite in stating the period of incubation. Many individuals after suspicious coitus become worried, and as the result of repeated examinations of their genitals, think they discover a resulting lesion, either in some congenital or long-existing blemish, or in some slight development which would otherwise have escaped notice. Where the complaint is that a genital lesion was noticed almost immediately or the next day after exposure, it is quite probable that the act itself was productive of traumatism sufficient to account for the manifestation in question.

The purpose of a second set of questions is to ascertain, if possible, the amount of pain and discomfort occasioned by the lesion. If the pain is extreme, keeping the patient awake at night, and being much aggravated as the result of bodily disturbance, the indication would point toward chancroid, while, on the other hand, if the sore be remarkably free from such characteristics, chancre would be indicated.

Although these subjective features are of value, still one should always bear in mind that chancroid may be so tolerated by a phlegmatic individual as to occasion little discomfort, and no real pain; and, on the contrary that chancre generally on the person of a sensitive or neurotic individual may be described as vividly painful. The only other question worth asking before a visual examination, relates to whether the lesion in question be single or multiple. The usual singularity of chancre and the frequent multiplicity of chancroid are points of importance.

Although the period of incubation of chancroid is usually stated to be from two to five days, it is very rare to encounter an instance in practice where it corresponds to the longer period. In most cases it is two or three days. Some au-

thorities claim that there is practically no period of incubation in this connection, the sore immediately beginning to manifest itself. When such rapidity of development seems to have occurred, it is probable that the sexual act occasioned an extensive abrasion, a sore in itself, and that the chancroidal virus implanted on the raw surface began to manifest itself before the original lesion had had a chance to heal.

With chancre the period of incubation is more variable and indefinite, although, in most instances, ten to twenty days, yet it may require thirty or somewhat more. Some authorities put the extreme limit at seventy to ninety days. I am not personally aware of having seen any instances in which I was thoroughly impressed with the fact that the true incubation corresponded to such long periods, although on several occasions patients have come to my notice stating that periods similar to these had elapsed after intercourse before a subsequent chancre had been noticed.

In such instances it should also be borne in mind that the patient may have erred either as to the date of his last sexual exposure, or in failing to detect the presence of a chancre during its early stage of development. Although most men careful of their person have their attention attracted by a chancre in its early stage of development, some do not, while those especially careless and non-observant, may, on rare occasions, harbor such a lesion through all its stages of development and recedence without knowing it. The case is somewhat different, however, with women, since a considerable percentage of them first become aware that something has gone wrong only with the advent of secondary symptoms, the fact that chancre in connection with their genitals had previously existed having wholly escaped them. This difference with respect to the sexes is not due to the fact that man is more naturally observant than woman, but to the fact that in the former sex the genitals can be seen with ease, and, as a rule, are brought into view so as to allow thorough inspection at each act of urination, while in the latter, the parts can not be individually viewed except by reflected light.

The preceding remarks apply only to genital chancres, and to instances in which the primary pathological developments have been slight. In all instances, of course, wherein the initial lesion is markedly developed, the attendant tumefaction, induration, necrosis and ulceration produce sufficient subjective sensations to attract an individual's attention in the absence of an ability to employ direct inspection.

Pain, a prominent characteristic of chancroid, renders the harboring un-awares of that lesion very improbable. In fact, as a rule, a woman is especially apt to take cognizance of its existence, since the chafing to which her genitals are subjected while walking, together with the urinary dribbling to which they are particularly exposed, seem to intensify the effect of the contamination.

Although the site of chancre on the genitals may be anywhere, still certain spots are especially favorable for inoculation. In connection with the male, the majority of these are on the mucous membranous portion of the foreskin. The part of the membrane which is especially liable to tear or become abraded during coitus is that just back of the line of junction with the corona, and that covering the frænum. Former attacks of balanitis have many times left the mucous membrane thickened, inelastic, and its folds agglutinated in the first of these positions, thus causing a surface lesion as the natural result of the tension to which the part is apt to be subjected, while an entrance is being effected. The prominence of the second part exposes it especially to the action of friction.

A site perhaps next in order of frequency is along the line of junction of the cutaneous and mucous surfaces of the foreskin. In a considerable number of individuals with long foreskins, the apertures of which are narrow, the line of junction when the foreskin is retracted, and the penis erect, is rendered so taut that longitudinal splitting of its epithelial structures in numerous places is apt to occur.

The male meatus and the fossa navicularis are also unusual but important sites for both chancre and chancroid. The term urethral chancre is often employed

to designate an initial lesion so situated. No such lesion, however, the result of infection from coitus, occurs further back in the canal than the posterior margin of the fossa navicularis. If a chancre in this position be associated with marked induration, the calibre of the urethra may become so constricted that actual retention results.

The corona of the glans penis is a fairly frequent site, and so, also, is the cutaneous sheath of the organ. Less frequent positions are other portions of the glans, at the meatus, in the fossa navicularis, on the hairy abdominal surface about the root of the penis, and on the anterior portion of the scrotum.

As from the foregoing description it is seen that the majority of chancres occur in connection with the foreskin, the prophylactic value of circumcision is evident. In connection with the female genitals, chancre, if the subject be unaccustomed to coitus, is most frequent in the region of the hymen, and at the fourchette. In these, however, as well as in other subjects of a similar sex, both labia, the space between them, the vestibule, the meatus and the region of the clitoris are also frequent sites. Chancre on the mons veneris, and on the cutaneous surface, just beyond the labia majora, is rare. So, also, is chancre on the walls of the vagina, owing to the firm character of the epithelium covering that part, and also to the lubricated state of its surface. Chancre on the os uteri is very rare, and it might be said to be confined to those in whom that part has been lacerated and secondarily eroded as the result of childbirth, abortion or instrumentation.

Extra-genital chancres may be subdivided into two classes, those resulting from irregularities in connection with the sexual act, and those which bear no relation to that act. Practically all chancres at, about, and just within the rectum, result from inoculations which have occurred when that orifice has been made to play the part of the vagina. Such lesions are seen most frequently in the cases of boys and young adult males. Their occurrence in women is not, however, especially unusual. Although a surgeon might easily go a lifetime without encountering chancre in connection with

the rectum, it is not difficult to find examples of such lesions, if one will only investigate, in countries where sodomy is common, or where males, usually of the lower strata, are for long periods crowded rather indiscriminately together.

Chancre connected with the fauces, tonsils, tongue, palate, the mucous surfaces of the cheeks, and the lips, can also result from irregularities in the sexual act. There is this important distinction, however, between chancres in these latter positions and those about the rectum, and that is that a large percentage of the former, and especially of such as are situated on the lips, bear no relation to any antecedent irregularity in the sexual act itself, but are directly due to kissing between the sexes, amorousness causing the act to be prolonged and violent.

Extra-genital chancres which bear no relation to an antecedent sexual act may occur on any portion of the body. The female nipple is not an unusual place, a syphilitic baby infecting its wet nurse; *vice versa*, a syphilitic wet nurse may infect the nursing baby on its lips, tongue or gums. The hands of surgeons, as the result of digital examinations in gynecological practice not infrequently become inoculated, provided they are exposed when the seat of abrasions, chaps, hang-nails, etc. If a person with a chapped lip drinks out of a vessel without cleaning it immediately after one whose mouth is contaminated chancre may result. Dentists who do not clean their instruments after using may cause infection. A considerable number of such cases have been reported. Surgeons who are similarly careless may and do spread infection. The popular practice of sucking fresh wounds to supposedly avoid subsequent inflammation may affect a like result. A case recently came to my notice where a chancre on the bridge of the nose was the direct result of an attempt to suck away some granules of powder which had become lodged under the skin in that part. Abrasions received while in the hands of the barber may become infected.

Not long since, a gentleman reported with a chancre on the cheek, the sore being grafted on a little mole, the top of which had been removed by the razor.

The various sources of infection in connection with extra-genital chancre, and the positions assumed by the lesions, are varied in the extreme. The detailed recital of such histories generally appeals to the popular fancy. Syphilis in the innocent is a somewhat sensational manner of alluding to the disease in this class of subjects. It seems unnecessary, however, in this connection to treat the subject in a special detail. Extra-genital chancres, especially when those on the lips and mouth, the result of kissing, are excluded, represent a very small proportion of the entire number of infections. It is true, however, that a considerable number of the cases of syphilis which have been acquired without arousing the suspicions of the afflicted belong to that category.

The primary occurrence of chancroid extra-genitally is rare, and when it does exist it is usually at or about the rectum, the direct result of infection in connection with an irregular practice of the sexual act. Chancroid, the result of auto-inoculation or reinfection, is of comparatively common extra-genital occurrence. In women it shows a marked tendency to extend from the genitals back about the rectum or onto the buttocks, while in both sexes the inner surfaces of the thighs, the inguinal region and the hypogastrium are frequently so invaded. With the male extension from the penis on to the scrotum is not unusual, while in exceptional cases a still further dissemination of the disease from the scrotum on to or about the rectum is observed.

Although the lesions on the genitals which bear no relation whatsoever to a preceding contamination from sexual intercourse are numerous, still certain of them occur with a fair degree of frequency, and can be classed under two headings, first those having no relation to a preceding sexual act, and, second, those directly so dependent. Under the first heading can be grouped herpes progenitalis, balanitis, inflammation of sebaceous follicles and cysts, eczemas, and other general cutaneous eruptions, warts and vegetations, cutaneous thickenings in connection with the glans, stings of parasites and insects, scabies, suppuration in connection with the glands of Littre, trau-

matisms variously caused, and malignancy.

Under the second heading are placed traumatisms caused by coitus itself, namely, tears, abrasions, sub-cutaneous hemorrhage, and serous extravasations. Secondary and late syphilis of the genitals belong to another group, these lesions bearing an indirect relation in most instances to some preceding sexual act. To this group might perhaps be added the interesting lesion peculiar to women which older writers have spoken of as lupus of the vulva, and which others more recently have called chronic chancroid, both of which diagnoses I am inclined to doubt. The last two divisions can not be spoken of as groups, since they each consist of one definite lesion, namely, chancre and chancroid.

Herpes progenitalis is a lesion exactly analogous to herpes labialis, and is dependent for its being on a localized neurosis or neuritis. It first manifests itself as several, generally about half a dozen or so, little punctate red blotches, closely clustered over an area about the size of a split pea. If the lesion, as is usually the case, develops still further, a vesicle forms over each punctate red spot. If these vesicles are not disturbed, they either shortly disappear from a reabsorption of their contents, or a change taking place therein, they are transformed into pustules. In most instances, however, the thin epithelial covering to those fluid collections ruptures, leaving an abraded area over which a crust tends to form. Very frequently the epithelium between such areas desquamates, the result being a confluent ulcerated surface. These lesions are usually situated on the mucous cutaneous surface of the foreskin. Less frequently on the penile sheath, and rather rarely on the glans. Certain individuals are peculiarly prone to recurring outbursts of herpes. Where the lesion exists in its natural state, the characteristics just described are usually sufficiently marked to enable an examiner to make a correct diagnosis. Where, however, a confluent ulcer has resulted, it may be impossible, from a single observation to exclude a venereal lesion.

Not infrequently an inexperienced examiner mistaking herpes for chancroid, or

possibly for chancre, applies a caustic, the result being a destruction of all herpetic evidences, together with the formation of a somewhat deep ulcer, the edges of which are so infiltrated and inflamed, that it may be, and often is, impossible for any one subsequently examining the case not only to tell what the original trouble was, but also to exclude chancre or chancroid without keeping the case under observation for a period.

If such be done it will be seen that the lesion tends to heal promptly and naturally, without leaving any undue induration at its base. If a person subject to herpes indulges himself somewhat indiscriminately sexually, he runs an extra risk of becoming infected, since the braded surface accompanying the lesion renders the conditions governing inoculation most favorable.

Accordingly, if a patient presents himself with a lesion distinctly herpetic, and with the story also that he has recently indulged in suspicious coitus, it is always well before dismissing him with the assurance that everything is all right, to keep him sufficiently long under observation to make it certain that a venereal sore does not appear at the site of the original lesion.

Herpes, if non-irritated, causes so little pain or discomfort, that it is apt to be disregarded by the patient, provided no antecedent suspicious intercourse has occurred, and there is consequently no fear aroused that the appearance presented ushers in the beginning of resulting trouble. Curiously enough, herpes frequently occur in those subject to it after a suspicious coitus. I have in mind the case of a gentleman usually quiet and domestic, who is never so affected except after such times. It is probable that over-indulgence, associated with alcoholic stimulation are factors which favor the development of the lesion, and so account for its frequent appearance after a sexual debauch. Unless herpes has become secondarily inflamed to a marked degree, it is associated with no lymphatic involvement or induration of the surrounding tissues.

Balanitis or inflammation of the mucous membranous surface of the prepuce and glans penis, when of a grade severe

enough to cause acute epithelial desquamation and surface ulceration may closely resemble a venereal sore. If a marked degree of balanitis exists in connection with a long prepuce, or with one the orifice of which is narrow and unyielding, the element of traumatism to which the inflamed part is subjected during an act of coitus, so increases the lesion that the prepuce often becomes red, edematous and inflamed to such a degree that retraction is rendered difficult or impossible, while at the same time a free purulent excretion arises from the involved mucous surface. If this condition be left for a short time uncleansed by washes and antiseptics, and still further irritated by contact with decomposed urine and sebaceous secretion, extensive ulcerations, surrounded by marked inflammatory infiltration result. When such a condition exists, palpation of the cutaneous surface of the prepuce with the thumb and forefinger reveals the indurated condition of the underlying mucous structures.

Although it is often, at first sight, impossible to exclude a venereal sore in the diagnostic investigation of a case of this description, still the rapid manner in which an amelioration of inflammation follows through sub-preputial douching with mild antiseptics in case there is no venereal complication, is generally sufficiently marked to be of diagnostic value. If the phimosis in such a case is not enough to prevent a retraction of the prepuce, then an exposure of the mucous surface, if no venereal infection exists, and the lesion is simple in character, is apt to show a rather general and uniform inflammatory involvement of the part. Not infrequently acute gonorrhea occurring in one with a narrow preputial orifice may excite an acute balanitis, surrounded by sufficient inflammatory infiltration to make it at first probable to the outside feel that the urethral inflammation is complicated by a venereal sore.

The cutaneous sheath of the penis, especially the under portion, together with the surface of the scrotum, contain numerous sebaceous follicles, which can be at all times readily made prominent if the parts are put somewhat on the stretch. If suppuration occurs in connection with one of these, a little deep-seated,

purulent focus with a red periphery results, which not infrequently causes an individual, especially if some time previously he has had a suspicious intercourse, to seek advice, fearing that he has become contaminated. The subcutaneous origin of a lesion of this description ought to make it evident to an examiner that it is not a venereal sore, while its exact nature can be easily seen by freely incising its little indurated area, as it is held in the grasp of the thumb and forefinger, thus allowing to escape the sebaceous contents. If instead of an inflamed follicle there be an inflamed sebaceous cyst, then the same remarks as the preceding apply; only in the latter instance, the greater collection of sebaceous material ought to facilitate the making of a correct diagnosis.

Little special need be said regarding the occasional appearance of eczema, and the general cutaneous eruptions on the genitals, since there, as elsewhere, such lesions are to be diagnosed by their distinguishing characteristics. A careful inspection of the part ought to enable the examiner to distinguish the true nature of the other lesions mentioned in the first heading, and to definitely decide that they are not venereal in origin except, perhaps, in certain instances of primary malignancy. Epithelioma, commencing in the glans penis or the prepuce, may so closely resemble chancre that a true differential diagnosis can not be made without resort to a histological examination, although the fact that a suspicious lesion does not tend to rapidly resolve itself under the influence of mercury locally or systematically applied, would tend very strongly to support a diagnosis of malignancy.

The tendency shown by scabies to affect the penis, and especially the glans, not infrequently causes the person afflicted to fear venereal contagion. The resulting lesions may also be somewhat indurated if they have occasioned much scratching. The fact, however, that other portions of the body are similarly affected, that the lesions are associated with a marked itching sensation, and that those on the penis are multiple, ill-defined, and show little tendency to ul-

ceration ought to determine the diagnosis.

Careful inspection would serve to distinguish a traumatism, the direct result of coitus, from a venereal sore. As, however, the occurrence of a traumatism would aid the accomplishment of infection provided the opposite party were contagious; it is always well for the surgeon on giving his opinion in a case of that nature to make it plain to the patient that such a contingency may result.

Mucous patches on the glans and preputial mucous surface, especially when inflamed by contact with decomposing urine may bear a resemblance to chancre. In this connection it should always be borne in mind that it is not infrequent for secondary evidences to manifest themselves at the site of the chancre, a partial recrudescence of the initial induration, perhaps, returning, together with the mucous patch. The history of the case, together with the co-existence of secondary evidences elsewhere, ought to enable the examiner to arrive at a correct conclusion. Gumma of the penis or vulva is especially apt to be mistaken for phagedenic chancroid, to which it bears a very close resemblance. Its chief distinguishing characteristics are that it begins insidiously, and without reference to any immediately preceding suspicious intercourse, it is accompanied by little or no pain, and by no circumscribed lymphangitis, unless the latter condition has been provoked by faulty methods of treatment. If such a lesion be mistaken for chancroid, and caustic applications prescribed, it will rapidly extend itself, and the appearance of phagedenia will become more marked.

252 Lexington Avenue.

I am well pleased with the *MEDICAL BRIEF*. I like it for its independence. I have been practicing medicine for forty-eight years and admire the *BRIEF* more than all others. Enclosed you will find one dollar to continue my subscription to your most valuable journal for 1905.—
W. S. EDWARDS, M. D., Siler City, N. C.

[Written for the MEDICAL BRIEF.]

The Treatment of Eczema.

BY HARRY TYLDESLEY, M. D.,

Member Kentucky State Medical Society; Member of Muhlenberg County Medical Society; Assistant Surgeon Illinois Central Railroad Etc. Central City, Ky.

Eczema is a noncontagious, inflammatory disease of the skin. It is seen both as an acute and chronic affection, but most cases that are met in practice will give a history of greater or less chronicity. Jackson correctly declares that eczema is a most protean disease. This statement is based on the great variety of forms which eczema assumes. But if one will bear in mind the striking symptoms of the disease, he will have no difficulty in making a diagnosis. There are six symptoms which characterize eczema. These are: redness, itching, infiltration, tendency to moisture, crusting or scaling, and cracking of the skin. Three to five of these symptoms will be found in every case, and in most instances all of them are present. The disease has no particular season of the year as a favored time for its visitation, and all parts of the skin are invaded by it, but it more commonly selects the face, the scalp or the flexures of the joints. The sulcus behind the ear has seemed to me to be a favorite site for it in infants and children. Eczema arises from local causes, but the existence of the disease is a manifest indication of some blood dyscrasia. That this is true, we have only to call to mind any case and analyze it. A woman will say that she washed her clothes and the soap irritated her hands, and the eczema appeared. But, if her blood had been normal, she would have gone along without the eczema, as she had done before. The soap only now had caused the irritation. In France this view has long dominated the thought of dermatologists, and in the United States we have some of the ablest clinicians who hold the same opinion. The treatment of eczema must therefore be local and constitutional. Every case must be carefully studied with the view of eliciting all the elements that require therapeutic attention. In beginning with a case of eczema it is necessary to give the patient exemption from the intense itching that is pres-

ent in all cases. In fact, the average patient will not remain loyal if this distressing factor is not given a quietus. Local and constitutional treatment are to be instituted as soon as the case is taken in hand. For some time I have used ethol in the treatment of eczema, and it has brought me a larger degree of success than I have been able to attain by any other means. Ethol corrects more readily the dyscrasia of the blood than any other agent that can be found in eczema. I first used it in treatment of small-pox cases that I had on hand last year. It appeared to me that, as ethol rendered small-pox mild, that it would perhaps correct the dyscrasia that was present in patients with eczema. I tried it and found it very valuable. I give ethol in doses of a teaspoonful every three hours and continue it until the patient is well. But the internal use of ethol in nowise completes the treatment. It must also be used locally. It has proved very valuable in quieting the itching, which is so very distressing. I have patients bathe the ecematous patches with ethol every four or six hours, according to the severity of the itching. I instruct the patient to apply the remedy freely, soaking slowly the entire diseased surface. The ethol exerts an antiphlogistic and antipruritic effect that is gratifying to the patient, and which expedites resolution. The treatment of the disease in this way has proven so successful that I now rely upon it, to the exclusion of all other means of treatment.

Miss W., aged eleven years, residing at Mercer's Station, Ky., was brought to me for treatment of eczema which involved her arms—the flexures of the joints. She had suffered such great distress from the itching that she had almost torn the flesh by scratching. I put her on ethol in doses of a teaspoonful every three hours, and used it locally, according to the plan already given. I applied a bandage over the eczematous patches, a practice I invariably carry out, as it protects the diseased parts from irritation, dirt, air, etc. This patient made a rapid recovery, being well in two weeks from the time she began the treatment.

Mr. T. T., twenty-five, had eczema which involved the legs and arms and gave him

so much distress and inconvenience that he was not able to attend to his business. He was put on echthol in doses of a teaspoonful every three hours, and the same remedy was applied locally. In ten days this patient had no further attacks of itching and the local lesions were healed. He was told to continue with echthol for ten days longer, however.

C. W., aged eleven, had eczema on his hands. This annoyed him so much that he could not handle his school books without pain, and his school-fellows avoided him, thinking he had the itch. Echthol, used internally and locally, acted promptly, and in two weeks my patient was able to go back to school without any marks of the disease which had been so troublesome.

Mr. E. B., aged thirty, had eczema on arms, hands and chest and was an intense sufferer. I put him on the treatment, a teaspoonful of echthol every three hours, and the same remedy applied locally every four hours. This treatment was satisfactory to the patient, and the disease speedily disappeared. He was fully well in three weeks after he began the treatment.

[Written for the *MEDICAL BRIEF.*]

Prognosis in Sterility.

BY HENRY C. COE, M. D.,

Professor of Gynecology in the New York University and Bellevue Hospital Medical College, New York City.

Some apology is necessary for introducing a subject of which so much has been written that it would seem to have been worn threadbare. My excuse is that it is one that has always been of vital interest to the profession, and will continue to be a burning question until the end of time. Its importance is attested by the flood of literature that has been poured out—monographs, extended chapters in text books, journal articles, society discussions; in fact, every gynecologist has had something to say about the "cure of sterility."

It must be confessed that in spite of the efforts to throw light upon this subject through studies in the physiology and pathology of ovulation and menstruation, assisted by observations in the laboratory and at the operating table, our knowledge of the more hidden causes of sterility is still elementary.

The family physician, wearied by the importunities of young married women, who seek to know the reason why they are childless, refers them to the gynecologist, with the hope that the latter will be able to discover some explanation that has eluded him. Too often the specialist is obliged to acknowledge frankly his own limited knowledge, or, if less candid, suggests possible causes and remedies with a confidence which he is very far from feeling. I have been led into this train of thought by my experience during the past few months, when it has seemed as if hardly a week had passed without my being questioned by some woman who desired an opinion upon this subject: why she had never conceived, and could anything be done to secure the desired result. There was nothing especially interesting about any of these cases; they are sufficiently familiar to us all, yet, taken as a whole, they furnished me with a forcible commentary on the limitations of modern science, and of gynecology in particular.

The results of my examinations were various. In some cases I could find absolutely nothing to account for the sterility, in others I suspected some hidden cause. In a few, the prognosis was absolutely bad, in others more encouraging. In a few I could hold out some hope from operative procedures, or, again, the same operations had already been performed without results. With few exceptions there were more or less marked pelvic symptoms, as constant pain or dysmenorrhea. The periods of sterility varied from one to ten years, or the patient had aborted after marriage, and had not conceived since. Examples of "one-child" sterility were not wanting.

In no class of cases have I found women more desirous of a dogmatic opinion, or more willing to grasp at any prospect of cure by operation. I know of no stronger temptation which besets a gynecologist

than that to yield to the patient's opportunity, even against his better judgment. Early in his practice, fresh from lectures and text-books, a man is apt to be quite enthusiastic about the treatment of these cases. Most of you recall as students the vivid word-pictures of Thomas, from which we gained the idea that incision of the cervix and the insertion of the intra-uterine stem was a sure cure for dysmenorrhea and sterility. This was in a line with the teaching of Sims, whose classic on "Uterine Surgery" exerted such a powerful influence on succeeding teachers and surgeons, an influence which is still felt, as shown by the general belief in the purely mechanical theory of sterility.

It is a curious fact that while gynecology has made such strides in other directions, especially in abdominal surgery, we still keep uppermost in our minds the idea that cervical stenosis is the main cause, forgetting the more important conditions within the abdomen. We still dilate, incise, insert stems, straighten the uterus, and have a complacent feeling that we have met all the indications. Is this crude treatment in a line with modern scientific researches?

The proper investigation of a case of sterility is no light task. We must divest ourselves of personal prejudices, and endeavor to be absolutely unbiased by the opinions of previous consultants. Let us take the most difficult example first. A young woman is referred to us who has been married, say five or six years, and has never conceived. To our first question she replies that she has always been well, and can not recall any pelvic trouble aside from moderate dysmenorrhea. Her periods have been regular, and marriage has not brought any new pains or troubles. Her husband is healthy, marital relations are satisfactory, or at least painless, and her own health is perfect. Her only complaint is sterility. More direct questioning reveals new facts, unimportant to her, but not to the examiner. She is led to recall some passing indisposition soon after marriage—a slight attack of abdominal pain and tenderness, perhaps at the time of menstruation, confining her to her bed for a few days, usually diagnosed as "congestion of the ovaries." She may have missed a period

and then flowed profusely, or possibly had a vaginitis more or less severe, and attributed to "cold" or sexual excess; or, during the first year or two after marriage various methods were adopted to prevent conception. The result of the examination is negative, perhaps a slight ante flexion, or an undeveloped cervix being found, a moderate leucorrhea, but no tenderness on palpation over the uterus or adnexa.

With a proper regard for the natural delicacy of the patient, we ask for an interview with the husband, and are more searching with our questions, going into his own history *ab initio*.

We may assume that his earnest co-operation is obtained, and that he conceals nothing (there are such cases). He can remember no so-called "youthful indiscretions," and is perfectly capable sexually. A further test is the examination of his semen. This, by the way, is seldom done in this country, in spite of the recommendation in every text-book. We are more squeamish than foreign patients and physicians. Curious facts are often noted in this connection. On several occasions I have found complete azoospermia in the husband, when I was about to dilate the wife's cervix for the cure of sterility. Doubtless there are many cases in which the unfortunate wife is made to suffer for the sins (or misfortunes) of her partner. This is a disagreeable subject for investigation, but surely it is quite as legitimate as the examination of any other secretion, or excretion, of the body.

In the face of this negative evidence we would seem to be justified in regarding the case as one in which there was a want of so-called "mutual adaptation," and may dismiss the patient with the rather doubtful consolation that time may yet bring about the desired result. This may satisfy some women, but after several months of fruitless endeavor, they return for more information. Although there is no satisfactory evidence that the endometrium is diseased, we can find no other explanation for the sterility, and suggest curettement, which is readily acceded to. The curette removes, perhaps, a few granulations, but not enough to justify the diagnosis of hyperplastic endometritis. Under these conditions, in my

opinion, the prognosis is uncertain. I have been waiting several years for results in two or three such cases.

Far more common is the class in which we are led to infer from the history that in consequence of early sexual excess the prevention of conception, or a mild grade of gonorrheal infection, the endometrium is in such an unhealthy state that conception does not occur, or if it does, the ovum is cast off in a few days. I believe that many women who give a history of menstrual irregularities really conceive, and abort a week or two after the expected period. They usually present the ordinary symptoms of endometritis, profuse leucorrhœa, so-called "congestive" dysmenorrhea and menorrhagia. Frequent or excessive intercourse at the time of the period is undoubtedly a potent factor in causing the accident. Here curettement offers a fair prospect of cure, or at least renders conception much more probable, especially if the patient is separated from her husband for a time, and matrimonial relations are properly regulated.

When there is an obscure history of latent gonorrheal or mild septic infection following an early abortion (spontaneous or induced) the prognosis must always be somewhat doubtful, as there is a possibility that the distal ends of the tubes may be occluded, though there may be no symptoms or signs leading one to suspect this. We so often find this condition (in fact extensive pelvic adhesions) on opening the abdomen, that we can place little dependence on the clinical history as an aid to diagnosis.

Sims laid a good deal of stress upon the presence of an acid discharge from the uterus as a bar to impregnation. Experience has shown that it is not the discharge, but the diseased condition of the endometrium, which is the real obstacle. The mere presence of a plug of thick mucus in the cervix certainly does not justify one in deciding that this is sufficient to prevent conception. When we recall the frequency with which women conceive with advanced carcinoma and extensive erosions of the cervix, we can not regard a cervical discharge as so important.

An interesting class of cases, of which I have seen half a dozen examples within

the past two years, includes women between twenty-five and thirty-five, without any history or symptoms of pelvic disease, who have remained sterile for several years, although menstruating regularly and without pain. They state that during the past year or two they have increased rapidly in weight, and at the same time the menstrual flow has become scanty and irregular, sometimes ceasing entirely, yet without the ordinary disturbances attending the climacteric. The direct relation between ovarian activity and the processes of nutrition has been repeatedly demonstrated, experimentally as well as surgically. The increase in adipose after the normal and artificial menopause is sufficiently familiar. While there is undoubtedly marked diminution of the functional activity of the glands in these cases, we can not infer that ovulation ceases because there is no menstrual flow. Experience has shown that when these patients succeed in reducing their weight, say thirty or forty pounds, the flow often returns. One woman told me that she menstruated regularly, and even profusely when undergoing treatment at Marienbad, but since she returned her menses have not reappeared, while she has regained her former unwieldy bulk. In another case the patient menstruated only three or four times a year, but under the rigid diet and hard training which she has since pursued she had been regular for three years.

I have never found that drugs, local faradism or galvanism, or treatment applied to the interior of the uterus does the least good in these cases. Reduction of weight offers the only prospect of relief. Certainly any operative procedures would be worse than useless. I have not had such results from the use of thyroid or ovarian extract as have been anticipated. The prognosis as regards the cure of sterility in such cases is naturally unfavorable, and one must need be cautious about promising such a result, even if the periods return with more or less regularity.

True cases of premature menopause undoubtedly occur, though some writers are skeptical with regard to their physiological character, believing that they are

really instances of premature atrophy of the uterus. I recall three in women under twenty-eight, all of whom became enormously stout within a few months. The menstrual nixus was entirely absent and there were no pelvic symptoms. Their uteri were not atrophied. Prolonged treatment, reduction of weight (thyroid was persistently used for months in one instance) were entirely without results.

In one instance I had an opportunity to study the condition of the ovaries. The patient, aged thirty-five, had been married five years, and had never conceived. During that period she had "suffered many things of many physicians"—repeated curettements, local treatment under different specialists, electricity, treatment at foreign spas, etc. Her periods had entirely ceased two years before, without distinct climacteric symptoms except increased adipose. She was exceedingly neurotic, and had always suffered from vaginismus and persistent pain in the left side, extending over a period of fourteen years. There was an obscure history of recurrent attacks of pelvic peritonitis. I examined her under ether with her physician, who had assisted at five or six similar *séances*, obtaining as many different opinions. By recto-abdominal palpation, I was able to map out easily an atrophied uterus not larger than my thumb. The ovaries could not be felt. I gave it as my opinion that the pain was probably due to old adhesions, and advised an explorative incision.

After my examination I was told that my opinion coincided with that of another gynecologist. One gentleman had said that there was nothing the matter with the patient, and an eminent specialist had guaranteed that he could cause a return of the menses by dilating the cervix and making applications to the interior of the uterus. After much further discussion, the abdomen was opened, and extensive intestinal adhesions were found on the left side, as was prophesied. The ovaries and uterus were completely atrophied, corresponding in appearance to the organs in an old woman. The folly of promising a return of ovulation and menstruation under such conditions was self-evident.

It may be stated in general that neither scanty, nor profuse, menstruation in itself

is necessarily an unfavorable element in prognosis, provided that the patient has always possessed this peculiarity, and that they do not result from any pathological condition. Should they develop after marriage, in consequence of some attack of inflammation, the prognosis would depend upon the severity of the local lesion and the possibility of curing it.

(To be continued.)

I have been reading the BRIEF most of the time for thirty years and do not want to be without it, believing it to be one of, if not the best, journals printed for the money. Enclosed find one dollar for the BRIEF.—A. L. WEBB, M. D., Box, Ala.

[Written for the MEDICAL BRIEF.]

Can Catarrh Be Cured.

BY CLARENCE C. RICE, M. D.,

Professor of Diseases of the Nose and Throat, New York Post-Graduate Medical School and Hospital; Consulting Surgeon in Throat Diseases to the Out-Door Department, Bellevue Hospital; Visiting Physician New York Infant Asylum; Laryngologist to the Montefiore Home; Fellow of the Academy of Medicine; Member of the New York County Medical Society, State Medical Society, Pathological Society, American Laryngological Association, Etc., Etc. New York City.

The nose and throat specialist, as well as the general practitioner, is still being asked this question by patients in all conditions of life. The older specialists can distinctly remember the dread with which they considered a proper reply to such a question. The conscientious physician was very much opposed to giving a decidedly affirmative answer, because frequently recurring coryzas always delayed the success of nose and throat treatment; nor was he willing to state that he was unable to treat successfully catarrhal cases, because he felt that it was obligatory upon him to do so, and he was confident that the time was fast approaching when a better knowledge of the pathology of nose and throat diseases would suggest the proper methods of treatment which

would surely relieve the troublesome symptoms which accompany the different varieties of nasal disorders.

A "cold in the head" very closely resembles the active symptoms of catarrh, and the old method of treating nasal catarrhs, by washing the nose with an alkaline spray, and following this with an application of some form of an astringent applied by atomizer or applicator was pretty promptly followed by an acute coryza, which aggravated rather than lessened the catarrhal symptoms, and baffled all the attempts of the physician to "cure" his catarrhal patient.

We may say, in a very general way, that nasal catarrhs may be divided into two classes. The hypertrophic moist variety, characterized by swellings and enlargements of the soft tissues and cartilaginous and bony prominences and spurs of the hard tissues; and the other large class known as the atrophic or dry variety of nasal catarrh, presenting many degrees of shrinkage of the tissues and dryness of the mucous membrane.

Colds in the head are the great cause of the hypertrophic or moist variety, therefore, if "colds in the head," or more properly speaking, acute coryzas, can be prevented by placing the nose and, perhaps the whole general economy of the patient in proper condition, then it is fair to assume that catarrhal swellings and hypersecretion can be gradually diminished and controlled until the patient is no longer susceptible to colds. The successful proposition is, therefore, to put the nasal passages in such condition that they are no longer susceptible to acute catarrhal inflammations. The patient being immune to the agents which produce acute catarrhal symptoms, his chronic catarrh will permanently disappear.

This leads us to consider the abnormal or pathological conditions of the nose, which predispose to acute colds or coryzas.

1. We may state that the nasal mucous membrane of neurasthenic, anemic people is much more sensitive to external irritants than that of vigorous robust patients. Sudden change of temperature, the chilling of the body, wetting the feet, exposure to dust and dirt, acute indiges-

tion, will, in these sensitive people, produce an acute coryza, because the mucous membrane is so hyperesthetic, whereas, in stronger people, the same conditions may have no effect whatever.

Can catarrh be cured in what we may style the catarrhal class of patients? Yes. By rectifying two conditions.

1. Improving the general condition of the patient.

2. Rendering the nose immune to external irritants.

We will now consider the general treatment of the patient, as the administration of tonics, electricity, cold baths, general massage and vibratory massage of the nose, although we consider these most important, and do not advise local treatment of the nasal passages without such proper attention to the general health.

Before stating the agents which will shrink or destroy any portion of the tissues of the nose, we wish to say that they should be applied only by the skilled physician, who understands, too, the possibility of converting by over-treatment a hypertrophic or moist catarrh into that form which is more troublesome to the patient, and much more difficult of cure, viz., the atrophic variety. In the hands of the skilled physician, sensitiveness of the nasal mucous membrane can be very much diminished, and soft enlargements reduced by the application of some form of mineral acid. It is much better to apply the acid over a too limited rather than too great surface, and at too little rather than at too great depth. It is wise to wait several weeks after an application of chromic acid to the turbinated tissues, to determine whether the application has fully accomplished its object, viz., the contraction of the swellings, the lessening of the sensitiveness, and the diminution of secretions. There is a nice point of balance between the curing of a moist catarrh, and the causing of a dry one, which the expert rhinologist learns only after years of experience. Chromic acid fused on an applicator should be pushed into the hypertrophy at one small point, and not allowed to destroy the mucous covering.

There are other methods of reducing hypertrophic swellings in the nose, and removing nasal sensitiveness than by the application of acids. A large inferior tur-

binated swelling will sometimes invite the puncture of a hot electric needle, or the sharp points of scissors may be used to partially destroy the blood supply. In all these procedures the mucous membrane should be destroyed as little as possible. The fine electric needle should be nicely inserted at a red heat, and the scissors not to remove tissue, but to scarify. The object is to diminish the blood supply in the over-congested parts, and to reduce the nerve supply in the over-sensitive tissues without injuring the moisture producing membrane. It is our habit to protect all operative wounds in the nose with compound stearate of zinc and boric acid.

We must very briefly state, in closing, that bony and cartilaginous spurs on the nasal partition, deviations of the nasal septum, nasal polypi, and enlarged middle turbinated tissues are pathological conditions which often accompany the hypertrophic or moist variety of catarrh, and all these should be removed by saw, knife, scissors or cautery in a manner which will best conserve proper nasal function.

Put the nose in such a condition that the patient will no longer be susceptible to "colds in the head," and the nose and throat specialist can confidently answer yes, when the patient, annoyed by an hypertrophic rhinitis, asks if his catarrh can be cured.

In the next short paper the treatment of atrophic rhinitis will be briefly considered.

123 East Nineteenth Street.

[Written for the MEDICAL BRIEF.]

Infantile Hygiene.

BY WALTER M. FLEMING, A. M., M. D.,

Member of New York County Medical Society, Medico-Legal Society, Physicians' Mutual Aid Association; Qualified Examiner in Insanity and Nervous Diseases in Superior Court, City of New York. New York City.

(Continued Series.)

In regard to the infantile contingent, it is an undebatable fact that as it ages and grows and emerges from its mother's breast, and artificial feeding is inaugurated, the responsibility and duties of its sponsor increase, rather than diminish, as is frequently supposed to be the case. The inexperienced mother is often too

prone to conclude that with the weaning of the infant her constant care and attention to the little one is not now incumbent upon her, and to a great extent can be dispensed with, and the chief part of the irksome requirements heretofore devolving upon her may now be relegated to another—a self-constituted nurse, a servant or some member of the household willing to assume the task. This is often found to be a grave error, and one which might mar the entire nature, and, in short, the temperament and well-being of the dependent little one. For this is the time for the proper care and guidance, to shape its nature and temperament, and plant the seed of a good and amiable disposition, which if carefully observed will ultimately arrive at its fruition, and will reflect both honor and appreciation upon the mother as well as her subordinate, or whosoever may fulfill the requirement under her direct guidance and instruction. The early treatment, guidance and care of the mother is the great factor in the rearing of the child. Upon her devolves the responsibility of the goodness, the amiability and the little care he is to those upon whom the guidance belongs.

It will be found far easier to begin with the right course and tutorage early in the regime to be observed than to defer it until too late, or perhaps to be compelled to undo, questionable training, that has already taken root in the young idea. It takes but a very short time to humor and spoil a child, just as it begins to comprehend that boisterous demands are promptly responded to. It is certainly quite natural for the fond mother to let the little one's weaknesses and demands work upon her sympathies, until over-indulgence sets the pace for future exactions, which are often inconsistent and unnecessary, and with progressing age and indulgence the babe often gets control, exacts all demands and not infrequently has to suffer later on for what should have been impressed upon the little comprehension earlier as wrong.

Thus the child, neglected or improperly guided, learns to have its own way, doing precisely what he was indulged in before,

or taught to do. The proper and the only true course to pursue is to begin early, and by patience and careful training develop in the little dependent good habits, obedience and amiability of temperament. Primarily, the natural guide and tutor is the mother; with her rests the results of the early training.

Regularity of feeding and sleeping and, in short, all of the functions of life. It is only necessary to exercise a little good judgment and avoid over-indulgence. A child is readily taught the proper time for its supply of food and the time to retire as well as the time for amusement and exercise. A little care and attention soon develops obedience and amiability of temperament.

If the little one is given over to the care and guidance of another it is certainly the duty of the mother to be watchful and observant of the course and teachings of the one in charge. Not only of the outings and clothing of the child, but the conversation and teaching, as well as proper guidance as to behavior, habits and associations. The regularity of the morning bath and proper dressing should not be neglected nor lost sight of, and the regular outing and fresh air, when the weather and conditions of health permit. All this, with regularity indoors, as well as out, contribute so largely to the general well-being of the growing child that they are formidable factors in early life, and always worthy of reminder and advisement. The heads of families, more particularly the maternal head, should certainly be advised by their medical counselors if not already conversant with the details and proper course to pursue in the rearing of the little ones. The course inaugurated in early training is the one that has its influence and becomes engraved upon the memory through all time to come.

Next comes the stage of early existence, when children come together in association, playmates and intimates. These intimacies should not develop and run together haphazard, as it were. Care and discretion should be exercised, to be sure that no contaminating influence creeps in to upset and destroy all the good teachings that has been inculcated

in the young and impressionable mind. "Evil associations corrupt good manners." Often a pure young mind becomes soiled by even brief contact with a perverted one. Not infrequently a profane or vulgar expression will imprint itself indelibly upon a precocious child, with a retentive memory, and repeat itself in a most startling way, and at a most unexpected time. It is, therefore, prudent to avoid if possible all contact and association with the promiscuous urchin of the street. This applies, of course, to children old enough to talk and walk, and to distinctly notice what is transpiring around them. The mother, the nurse or the attendant should take it strictly in charge that no harm comes to the little one, either moral or physical. Good, impressive moral instruction to the walking and talking child, if properly and persistently persevered with, invariably has a most salutary effect. Faith and confidence in the father and mother is among the first attributes to be instilled into the mind of the child. Once trust and belief in the truth, candor and goodness of the parents are fully established in the heart and mind of the child, from that foundation may be reared and dedicated a citadel of faith, love and morality that should be as firm and enduring as a Gibraltar.

This much achieved in early life becomes a sheet-anchor of confidence that is ever a protection against the multitude of evils which beset the young from all quarters, and those who escape all the sordid elements with which they are constantly surrounded are indeed the exceptions. All praise to the parents who early guide their offspring to the right course. Their reward is sure to come later in life.

Hotel Wolcott, Fifth Avenue and Thirty-First.

Enclosed find one dollar for your valuable journal, the *MEDICAL BRIEF*. I am a druggist, but find the *BRIEF* very interesting reading and proving of value to me in my business.—P. V. COOVER, Jacksonville, Ill.

[Written for the MEDICAL BRIEF.]

An Error of Diagnosis—Phimosis.

BY O. H. ROHDE, M. D.,

Professor of Orthopedic Surgery in the New
York Eclectic Medical College.
Brooklyn, New York.

It is strange that in spite of the many warnings physicians receive regarding the necessity of examining the male child, many cases of oversight are reported. Phimosis in the male leads to many disorders, ranging from strabismus to actual paralysis, and the severest form of convulsions. These have been illustrated by various orthopedic surgeons, and are taught in every college, and yet every discerning, painstaking physician is compelled very often to remedy the oversight of the obstetrical practitioner, particularly, also, the carelessness of the midwife.

These remarks are called forth by the peculiar case of E. G., a fine manly boy of eleven years, born in Germany, and brought early to this country with his parents. Some two years after birth the parents noticed that there was a retention of urine, and at times a slight puffiness of the eyelids and face; again, of the abdomen, and sometimes of the feet. Little attention was paid to these swellings; they were supposed to be caused by a cold. As the boy developed they became more marked. Several practitioners were called in to prescribe for the child, sometimes affording relief, and sometimes not.

When the boy reached his eleventh year, the parents became alarmed at the constant state of edema of the various tissues, and a practitioner was called in, who pronounced the boy dropsical, deeming it a case of anasarca. The boy was obliged to leave school, and as the case became more severe other physicians were called in, as well as some professors, in consultation. It was decided to tap the abdomen, which was done, on the right side, and some two pints of fluid removed, giving temporary relief. The secretions, however, became stronger, and the distension greater. It was noted that the limbs did not swell, only the lower part of the abdomen.

I was called in hurriedly, one evening, near midnight, to examine this case, his

physician being away. The parents asked me to make an examination of the boy, with a view to giving some relief. I carefully examined him, and found that he was almost bloodless, that he had been tapped, and that the abdomen was greatly distended.

On examining the genital organs I found, to my amazement, that the penis was abnormally small, with an adherent prepuce, having an opening through which it was almost impossible to insert a pin. On asking the boy to urinate, he could only pass a few drops, and that with difficulty. It was a typical case of phimosis, pitiable to see, as it meant death if circumcision could not relieve him. Stating these facts to the parents, and they convincing themselves of their truth, and remembering the various symptoms due to this condition in the past, they consented to circumcision, which was done the next day, and the glans penis fully exposed. The operation was almost bloodless, and gave but little pain, but it was too late. A catheter passed into the bladder the following day—there being no pain, and the stitches healing, found no water, the ureters dry, and direct drainage into the abdomen. With the consent of the parents the child was tapped, and a gallon of fluid removed. All was done to sustain the child, but he died the following day.

These are briefly the facts given as found. Comment can be made by the reader. If it were possible that a law could be passed which would compel the medical practitioner who acts as obstetrician, to perform circumcision upon all male children, doing this under the law of the land, the race would be stronger for this right, as the old Hebraic law is as potent towards making stamina and strength and physical well-being to-day as in the days of Abraham. It is the minor details, often neglected, overlooked, deemed of attention by and by, then forgotten, that causes sorrow in many a household, and brings a blight upon a being who would otherwise be in perfect health.

If this meets the eyes of those who are interested in their work, and who handle children to some extent, I would deem my observations to be of value, and feel

grateful to those who would aid me in endeavoring to place the male child upon as healthy a basis as ordained by the Almighty.

112 Reid Avenue.

Don't matter what others may say, I am going to think for myself and take the MEDICAL BRIEF, and my advice to all others is to do likewise.—W. C. KIMBRO, M. D., Tyro, Ark.

[Written for the MEDICAL BRIEF.]

Modern Advancement in Pharmacy.

BY G. C. DIEKMAN, PH. G., M. D.,

Professor of Pharmacy in Columbia University,
New York City.

In the profession of pharmacy there are engaged in New York City a number of legally qualified practitioners of medicine, who were at one time, under the laws of the State of New York, entitled to register as pharmacists. The pharmacists of the city of New York have long recognized that their profession ought to be raised to the level of the practice of medicine, believing that the health of the community may be more jeopardized by lack of professional training on the part of pharmacists than on the part of the physician, for however careful the physician may be in prescribing, his best efforts are nullified by a lack of knowledge and experience in the compounding. They, therefore, have advocated the passage of a law which is intended to elevate the profession of pharmacy, in that it shall require that every applicant for a license to practice pharmacy shall present evidence of four years' practical experience, with a diploma from some recognized college of pharmacy, either in the United States or of some foreign country.

In return the colleges of pharmacy will require a certain standard of entrance, and in the State of New York such a law has been recently placed upon the statute books, to take effect January 1, 1905. Under this law the applicant for admission to a college will require a regent's certificate of at least twelve counts, which requirement will be, no doubt, added to in the very near future.

The object of this is to gradually raise the standard of admission, just as was done in the case of medicine.

This, in turn, should and will enable the colleges to turn out pharmacists who are in every way qualified to practice their profession in full accordance with the requirements of the physician and the public.

Graduates of the colleges of pharmacy are not usually found among those who either knowingly or dishonestly deal in adulterated drugs.

The first principles taught at the colleges of pharmacy are the maintenance of the proper standard of strength and purity for all drugs and preparations, and any deviation from these lines are never countenanced by any college.

Pharmacists, as a rule, are always willing not only to receive suggestions from physicians bearing on the more accurate carrying out of his plans, but they will at all times be found quite as willing to make suggestions to the physician concerning the mechanical details of compounding a prescription, as well as calling his attention to incompatibles, with which they are of necessity more familiar.

The status of the pharmacist at the present time in the different States of the Union is somewhat unsatisfactory as compared to the status of the physician. This state of affairs may be traced somewhat to the fact that the requirements for the usual license to practice pharmacy have not been sharply defined. The "practical experience" covers a multitude of sins, and may refer to work not at all connected with the actual practice of pharmacy. Under the old system, many persons of comparatively little education or training have succeeded in obtaining a license. It must be said, however, that a great many young men desirous of becoming pharmacists enter upon a course of study at some college of pharmacy without attempting to reach the goal of their ambitions by means of the "back-door" method, viz., the Boards of Pharmacy. In the various colleges and schools of pharmacy throughout the United States a goodly number of such students are in attendance. The average requirement of graduation in these schools and colleges is a term of two

years with an optional third year's course, known as the post-graduate course. Most of the colleges also require that the applicant be twenty-one years of age, and that he present evidence of four years' practical experience before graduation and granting a diploma.

The relations between physician and pharmacist are so close and important that a mutual co-operation can be of untold advantage to both, and the tendency of the times is towards such a co-operation.

115 West Sixty-Eighth Street.

Enclosed find one dollar for the MEDICAL BRIEF. I see you get a cussing by the ———; but the like of that only seems uncalled for and all out of order with me. I don't like to hear such and much less read it. This is my sentiment.—J. A. SMITH, M. D., Chattoogaville, Ga.

[Written for the MEDICAL BRIEF.]

A Study on Light, A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner.

BY J. MOUNT BLEYER, M. D., F. R. A., M. S.,
LL. D.,
New York City.

(Continued from page 1073, December BRIEF.)

It has also been found that chemical decomposition is produced by the mere juxtaposition of different bodies. If iodide of gold or silver, perfectly pure, is placed upon a plate of glass, and a plate of copper covered with mercury is suspended over them, a gradual decomposition of those salts will take place, iodide of mercury will be formed, and the gold or silver salts will be reduced to a finely divided metallic state.*

A body whose powers of radiating heat are low, being brought near another whose radiating powers are more extensive, will, in the course of a short time, undergo such an amount of molecular disturbance, as will effect a complete change in the arrangement of its surface, and an impression of the body having the highest radiating powers will be made

upon the other. This impression is dormant, but may be developed under the influence of vapor, or of oxidation.† A body such as charcoal, of low conducting power being placed near another will, in a very short time, produce, in like manner, an impression of itself upon the metal plate. Thus, any two bodies whose conducting or radiating powers are dissimilar, being brought near each other, will produce a molecular disturbance, or impress the one with the image of the other. However small the difference may be, an effect is perceived, and that of the most extraordinary kind, giving rise to the impression of actual images upon each surface exposed.‡

Bodies which are in different electrical states act upon each other in an analogous manner. Thus arsenic, which is highly electro-negative, will, when placed near a piece of electro-positive copper, readily impart to its surface an impression of itself, and so, in like manner, will other bodies in unlike conditions. Every substance physically different, it signifies not whether as it regards color, chemical composition, mechanical structure, calorific condition, or electrical state, has a power of radiation by which a sensible change can be produced in a body differently constituted.

Fable has told us that the magicians of the East possessed mirrors in which they could at will produce images of the absent. Science now shows us that representations quite sufficient to deceive the credulous can be produced on the surface of polished metals without difficulty, etc. A highly polished plate of steel may be impressed with images of any kind which would remain invisible, the polished surface not being in the least degree affected as it regards its reflecting powers, but that by breathing over it, these dormant images would develop themselves, fading away again as the condensed moisture evaporated from the surface.

† Rober Hunt, on Thermography, Etc. Reports of the Royal Cornwall Polytechnic Society for 1842.

‡ Catalytic force, or attraction of surface, concerned in the diffusive power of gases; an occult energy or power in saturated saline solutions. Proter, *Mechanic's Magazine*, Vol. XIV, page 106; Ueber Elektrische Abildungen, by G. Karsten. Poggenдорff's *Annalen*, Volume LVII, page 402. Melloni & Brewster may be consulted for much that is most remarkably connected with radiation and colored surfaces.

* Rober Hunt, *Philosophical Magazine*, Volume XXII, page 270.

These, which are but a fraction of a series of results of a striking character known to us, serve to convince that Nature is unceasingly at work, that every atom is possessed of properties by which it influences every other atom in the universe, and that a most important class of natural phenomena appear, in the present state of our knowledge to connect themselves directly with the radiant forces.

The alchemist observed a change in chloride of silver under sunshine. Wedgwood first took advantage of that discovery to copy pictures. Niepce pursued a physical investigation of the curious change, and found that all bodies were influenced by the principle derived from the sun. Daguerre produced effects from the solar pencil of light which no artist could approach to, and Talbot and others extended the application.

Sir John Herschel took up the inquiry, and he, with his usual power of inductive search and philosophical deductions, presented the world with a class of discoveries which show how vast a field of investigation has been opened for mankind. Others who have followed since these days have added much to the great foundation left to us by its pioneers.

I now come to another part of the subject which is so intimately connected that I propose to take it up in some detail.

We receive heat from the sun, associated with light, and we have the power of developing this important principle in many ways, from nearly every kind of matter. Our convictions are that the caloric element, whether derived from a solar or a terrestrial source, presents no essential difference in its physical characters, but as there are some remarkable peculiarities in the phenomena, as they arise from either one or the other source, it will assist our comprehension of this great principle if we consider it under two heads.

Untutored man finds health and gladness in the warmth and light of the sun, and he rears a rugged altar, and bows his soul in prayer to the principle of fire, which, in his ignorance he regards as the giver and the supporter of life. The philosopher finds life and organization dependent upon the powers combined in the sunbeam, and examining the phenomena

of this wonderful band of forces, he is compelled to acknowledge that the flame upon the altar is, indeed, a dim shadow of the infinite wisdom which abides behind the veil.

The present condition of our earth is directly dependent upon the amount of heat we receive from the sun. If it were possible to move this planet so much nearer that orb that the quantity of heat would be much increased, the circumstances of life would necessarily be so far changed that nearly all the present races of animals would perish, and the same result would happen from any alteration which threw us yet farther from our central luminary, when, owing to the extremity of cold and the wretchedness of gloom, all living creatures would fail to support their organization.

All things are adapted to the circumstances of the position of the earth in relation to the sun, to which, as has been shown, we are bound by the principle of gravitation, and in our examination it will be found that our common system of harmony runs through all the cosmical phenomena, by which is produced all that is so beautiful and joyous in this world.

Heat and the other elementary radiant principles are often combined as the common cause of effects evident to our senses. The warmth of the solar rays, and their luminous influence, are not, however, commonly associated in the mind as the result of a single cause. It is only when we come to examine the physical phenomena connected with these radiations that we discover the complexity of the inquiry. Yet it is out of these very subtle researches that we draw the most refined truths. The high inferences to which the analysis of the subtle agencies of creation lead us, render science, pursued in the spirit of truth, a great system of religious instruction.

(To be continued.)

Enclosed find two dollars, for which send me the BRIEF as long as it will pay for. I have taken and read the BRIEF for a long time and am not tired of it yet. The BRIEF and I are fast friends, in fact, a little bit inclined to be cronies.—W. H. BROWN, M. D., Lodwick, Texas.

BRIEF TALKS

Articles for this department should be practical suggestions that will interest the busy practitioner. They should be short and to the point, and not contain more than one hundred words, but may be much shorter.

[Written for the MEDICAL BRIEF.]

Chorea.—Boy aged fourteen years was so bad he could not walk straight, and if he attempted to go through a door, he would strike the sides. Could not feed himself. Gave agaricine, 2x two-grain tablets every two hours for two weeks, then four times a day with absolute rest. It being warm weather, he was allowed to rest in a swinging chair. Also had good nutritious diet. Recovery in ten weeks.

A girl, Miss H., aged twelve years, not so bad, received same treatment at the same time, but allowed her to go where she pleased. Recovery in two months.—Edward Andruss, M. D., Holden, Mo.

[Written for the MEDICAL BRIEF.]

Stomach Trouble.—Aged thirty-two; ailing for fifteen years. Sudden attack of cramps in stomach and bowels. Had explosions which could be heard by anyone; apparently in veins. Sometimes in hands, on back of hands, on forehead, and any part of the body. The veins would seem to puff up until a spot seemed as though it would break through the skin, would suddenly collapse, and a noise could be heard. After a time vomiting would occur. Finally, I concluded that I could do no more good. I found that chlonia kept the action of the bowels (which were very irregular) as good, if not better, than any combination I made or used.

After going to a hospital in New York City, the attending doctor could see no reason why she could not get better. All functions except the stomach were in a normal condition. After a little time, the doctors at the hospital concluded they did not know her case, and such men as Dr. Gilman Thompson, Janeway and others

were called in. They could not see anything dangerous, and practically agreed with the hospital doctors. In spite of their views of the case she lingered along and died. What always puzzled me was after one of her cramp spells, and the explosions apparently in the veins, terrible retching and vomiting, seldom anything besides the food, and almost clear water came up. Within twenty-four hours after such a spell, when it seemed as though she never would live through it, she would be up and out attending to her Sunday school class, riding, working, etc.

At times she had only headaches accompanying the explosions in the veins. Therefore, it seems that those who have many more cases than the country doctor, do not at times get much nearer to the cause of the disease than the poor country doctor.—A. D. Ayer, M. D., Madison, Conn.

[Written for the MEDICAL BRIEF.]

Nervous Indigestion.—Bromide of strontium in the form of an elixir, twenty grains to a teaspoonful, has been of great service to me. It has been successful when all other remedies failed. Try it.—John W. Bennett, M. D., Long Branch, N. J.

[Written for the MEDICAL BRIEF.]

Modern Medicine.—This is the great battlefield of life, and here it is that we have the great problems to solve, and the physician has no excuse for not standing abreast with the profession, surrounded with literature treating upon the great questions which we come in contact with each day. Besides this we have the experience of noble men who have spent much of their lives in placing before the

profession the scientific side of the practice of medicine and surgery, and we regard the MEDICAL BRIEF to be authority for many of the great and noble answers given to these questions. We have lived in the old rut where the physician resorted to depletion by bleeding, or the use of powerful medicine that would deplete his patient. Now that a more thorough investigation has been made, we have come to the light, and resort only to medication. It matters not to the surgeon of to-day whether there are bugs up his sleeve or not, for he is on the alert, and will use all the precaution necessary to prevent infection.—J. C. Branch, M. D., White Cloud, Mich.

[Written for the MEDICAL BRIEF.]

Erysipelas.—On page 781 of the September BRIEF, Dr. Conklin, in giving the treatment of erysipelas, says: "Salicylate or bicarbonate of soda will give results not to be had from any local treatment." I wish to say that lobelia is equal to any single drug in the local treatment of erysipelas, and when combined with bicarbonate of soda, as follows, is as near a specific for erysipelas, rhus poisoning, and various other skin diseases as a remedy can be:

R Ext. Lobelia Fl. 1 ounce.
Sodium Bicarbonate 1 ounce.
Aque Pur. q. s. ad. 16 ounces.

M. Sig.: Keep a cloth saturated with the solution, applied to the parts all, or nearly all, the time.

—J. A. Burnett, M. D., Pauline, Ark.

[Written for the MEDICAL BRIEF.]

Tonsillitis.—Safe, sure and pleasant, easy to carry with you, and no trouble to dispense; you will want it before spring: Potassii permanganate, two grains, in glass of water (four ounces). Tablespoonful every two hours as gargle. Apply cold water compress to throat.

R Aconite 1-134 grain.
Atropine 1-134 grain.
Calomel. 1-16 grain.

Sig.: One of each for each year of the child's age, in twenty-four drachms of water. Teaspoonful every hour (unless you get physiological action of atropine—i. e., dryness of throat, dilated pupils, etc., or tingling of extremities—then give every two or three hours). For adults, give one of each granule every two hours.

Try all things, and hold fast to the good. There is good in all systems, but

no one system is all good. "There is so much good in the worst of us, and so much bad in the best of us, it doesn't behoove any of us to find fault with the rest of us."—G. B. Clark, M. D., Armonk, N. Y.

[Written for the MEDICAL BRIEF.]

Washing the Newborn Babe.—Place a warmed bath tub on chairs or a bench, and cover its bottom with a sheet, put enough water in to saturate the sheet and to rise above it one inch, place the baby on its back in the tub, and bathe it deliberately. The water should be "good and warm." The proper thermometer for testing the water is the bare elbow. Lift the baby out into a blanket, protected by a diaper, and dress it as nearly as possible under cover. By this method the baby will have a fine glow of skin when bathed instead of being blue as a plum, and with flesh feeling like a toad.—J. J. Conner, M. D., Pana, Ill.

[Written for the MEDICAL BRIEF.]

Indigestion and Billiousness.—A practice of more than twenty-five years has convinced me that there are few diseases more common than indigestion and billiousness. To counteract these most troublesome affections, I have tried calomel, podophyllin, leptandrin, soda, and the digestive ferments. All of these agents have merit, but still I found that I needed a remedy that I could, in office practice, give to all sorts of patients, that would afford results. After much experimentation, I evolved the following prescription:

R Fl. Ext. Cascara Sagrada. . 1½ ounces.
Fl. Ext. Rhubarb 1½ ounces.
Fl. Ext. Juglans 6 drachms.
Fl. Ext. Wahoo 6 drachms.

M. Sig.: Teaspoonful in half-glass of sweetened water, after eating.

I have used this formula for a long time with the most satisfactory results in indigestion and billiousness, and sincerely recommend it to the readers of the MEDICAL BRIEF.—Milton P. Creel, M. D., Central City, Ky.

[Written for the MEDICAL BRIEF.]

Alum.—The use of alum after operations where there is great abdominal distension. The use of alum enemas of the following strength, one to two drachms of

powdered alum to two pints of warm water, often acts when every other remedy has failed. After the enema there is expulsion of flatus, and usually a bowel movement, which gives the patient great relief. Squibbs' compound alum powder dusted freely on indolent wounds, especially leg ulcers, acts rapidly, and heals them in a much shorter time than the usual astringents used.—Constance V. Curtis, Phoenixville, Pa.

[Written for the MEDICAL BRIEF.]

Erysipelas.—Erysipelas has for the past sixteen years been one of the easiest diseases to treat which has been my fortune to encounter. I will say that I never had anything but good results. Paint the inflamed parts with fluid extract veratrum viride three times a day, using a small camel's hair brush at night, washing the parts painted with a solution of bicarbonate soda, and again painting; only wash once a day. At the same time give the following:

R Fl. Ext. Veratrum Viride....10 drops.
Water....q. s..... 4 ounces.
M. Sig.: Teaspoonful every hour.

Try this and report to the MEDICAL BRIEF.—Ell Denny, M. D., Amsterdam, N. Y.

[Written for the MEDICAL BRIEF.]

Diagnosis of Tobacco Amaurosis.—

1. At first one sees best at night.
2. Vision may be a little improved by smoke-colored goggles.
3. Red and green colors are confounded. Red with pink, dark brown with black, and green with light blue.
4. There may be a central scotoma, yet the disease may exist, and the ophthalmoscope give no aid in detecting it.
5. No gap is found in the field of vision if it is tested with a white object, but the trouble is revealed at once if you use a red or a green one.
6. Vision is about the same in both eyes, *i. e.*, the patient sees as well with one eye as with the other, a fact which distinguishes tobacco amaurosis from other ocular troubles, such as choroiditis, pigmentosa retinitis, atrophy of the optic disk, cataract, etc., in which the two eyes are always affected in visual acuity in different degrees.—Anderson Nelson Ellis, A. M., M. D., Maysville, Ky.

[Written for the MEDICAL BRIEF.]

Calcium Fluoride.—Calcium fluoride, 6x trituration, in one-grain doses has given me the greatest satisfaction in curing diseases of the vascular system where it acts by contracting the elastic fibers in the walls of the vessels. I have had wonderful results in stopping pulmonary hemorrhage and blood spitting which nothing else affected; also in stopping the humming cough preceding hemorrhage, and thus aborting it.

It has permanently cured varicocele, varicose veins and hemorrhoids by long-continued treatment. It is also indicated in hard stony glands—induration, threatening suppuration, spots on cornea, etc. It is very useful in threatened miscarriage. After an experience of twenty-five years in medicine, during which I have impartially studied all the different systems, I find homeopathy to be the sheet anchor.—A. M. Duffield, Citronelle, Ala.

[Written for the MEDICAL BRIEF.]

Change of Climate.—Doctors of the lower altitudes, when contemplating a change of climate for your patients, who need sunshine and dry air, for those suffering from tuberculosis, chronic bronchitis, asthma, emphysema, heart trouble, etc., keep in mind the fact that high altitudes (four thousand feet and up), have a deleterious effect upon the nervous system, and, as a rule, nervousness is exaggerated. Very often nervous symptoms develop in those who have not noticed it in the lower altitudes. Nervousness in all its manifestations seems to be more pronounced in the female than in the male.—Samuel C. Gibson, M. D., Reno, Nevada.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.—Why is the medical profession so prejudiced against the Woodbridge treatment of typhoid fever? It is exactly everything and all that is claimed for it. An antiseptic and abortive treatment, it is almost a specific. I have used it in every case I have had since 1895. Have treated a hundred or more cases—lost one. He had a normal temperature the thirteenth day, but had a second reinfection and died. Have

had but two other relapses, which recovered in the same time of their first attack. I never had tympanites. Keep the bowels acting five to ten at first, and, later, two to three times a day. In the fall of 1902 I treated eighteen cases, ten white and eight colored. All got well. The longest duration of fever, twenty-one days, the shortest, nine. Only one had a trained nurse, and the majority had absolutely bad nursing. One mother who had carried two children through the disease singly, and who was five months pregnant, had her medicines on a chair beside the bed, and helped herself, nobody to help her. Fever broke the twenty-first day, and I delivered her at full term.

As to food, I do not give milk. It is indigestible in most cases, and indigestible food is more harmful than solid food. That is where you always get your tympanites. I give broths, extract beef, liquid peptonoids, with or without guaiacol, panopepton or predigested beef, and egg albumen.

Strychnia is indicated in all cases as well as a little whisky after a few days of sickness. From the time the temperature strikes normal, I give the following prescription:

R Acid. Nitro. Mur. Dil. 3 drachms.
Chlonia. 3 ounces.
Elix. Simp. 3 ounces.

M. Sig.: Two teaspoonfuls in water three or four times a day.

—J. H. Lampton, M. D., Springfield, Ky.

[Written for the MEDICAL BRIEF.]

Tumors.—To avoid pain, and save twenty-four hours' time in removing tumors by caustic plaster, remove the skin from the area of your intended plaster by injecting a weak solution of cocaine, and dissect immediately the part that is numb. Repeat the injection from the insensible part under the part next to be cut. Begin at the side of the greater nerve supply. The unabsorbed cocaine escapes so readily that I have removed an area of four by six inches without depression. Confine the caustic plaster at least one-fourth inch from the margin of the skin. Examine the effect of the caustic at least thirty hours earlier than when dermis is present.—Wm. Lane, M. D., Lockport, N. Y.

[Written for the MEDICAL BRIEF.]

Pruritus.—From whatever cause, try Lloyd's apis, five drops; aqua, four ounces. Teaspoonful every one to two hours. Or, sodii salicylati, two grains every two hours. Or:

R Acidl Carbolici 48 drops.
Glycerini 1 drachm.
Vinl Xereli. q. s. ad. 3 ounces.

M. Sig.: Teaspoonful three times daily after meals.

Locally:

R Acidl Carbolici 2 drachms.
Potass. Fuse. 1 drachm.
Aq. Distillata 1 pint.

M. Sig.: Apply freely and often.

—T. M. Lippitt, M. D., Columbus, Ohio.

[Written for the MEDICAL BRIEF.]

Bronchitis.—I have found the following usually effective:

R Ichthyol 2 drachms.
Creosote, Beechwood 2 drachms.
Heroin Hydrochlor. 4 grains.
Cascar. Arom. 1 ounce.
Glycerini. q. s. ad. 6 ounces.

M. Sig.: A teaspoonful an hour before each meal and at bedtime.

Also producing counter-irritation over sternum, and branching out toward nipples on each side, with following unguent:

R Hyd. Chloridi Mitis. 12 grains.
Iodini Resub. ½ drachm.
Spts. V. S. 1½ drachms.
Ung. Simp. ½ ounce.

M. Sig.: Rub well into skin over sternum as above stated, until an eruption comes out, and then keep somewhat tender.

—J. A. McCallum, M. D., Arkadelphia, Ark.

[Written for the MEDICAL BRIEF.]

Inflammatory Rheumatism.—Give Warner's elixir of salicyl. acid comp. to the limit, tablespoonful every three hours until relieved of pain, then every six hours. Give, also, four of Luyties' No. 14 tablets every four hours. Use locally upon the joints affected the following prescription:

R Chloral Hydrate 2 drachms.
Camphor 20 grains.
Menthol 10 grains.
Chloroform. q. s. to dissolve.

Then add:

Oil of Mustard. ½ drachm.
Oil of Wintergreen, Pure. 2 drachms.
Cocoanut oil. 3 ounces.

The joints are then to be protected with absorbent cotton. Clean out the bowels, and place patient upon a milk diet with plenty of pure or lithia water.—Cornellius F. McCarthy, M. D., Batavia, N. Y.

[Written for the MEDICAL BRIEF.]

Bronchitis.—In conjunction with internal treatment, the following will be found of benefit. It gives the patient something to do to employ his mind, thus acting as a "suggestion" as well as by its tangible effects:

R Vinegar 4 ounces.
 Coal Oil 1/2 ounce.
 Turpentine 1/2 ounce.

Boll in vessel and inhale.

—W. T. Marrs, Jewett, Ill.

[Written for the MEDICAL BRIEF.]

Post-Graduate Course.—More valuable than some favorite prescriptions. A duty the doctor owes himself and his patron is a two or three months' course in some clinical or post-graduate school within every three years. He will improve physically and mentally. He will return to work with renewed vim and vigor. His knowledge will be newer and vaster. Upon his return he will find business better than when he left. He will be spoken of as an up-to-date physician, a thing of which the American people pride themselves. To leave a good practice under the above conditions is not to lose it. I write from personal experience, having taken three such courses in a limited practice of only six years. Improve yourself, and your business will improve with you.—A. B. Middleton, M. D., Pontiac, Ill.

[Written for the MEDICAL BRIEF.]

Follicular Tonsillitis.—The following has invariably been successful in my hands, and is, to my thinking, preferable to the many formulas for gargles and for applications per swab or brush:

R Potass. Chloral. 1 1/2 drachms
 Tinct. Ferr. Chlor. 4 drachms.
 Glycerine 1 ounce.
 Aquæ Pur. q. s. ad. 3 ounces.

M. et Sig.: One teaspoonful every three hours.

If there is a history of rheumatism, I give the above mixture three times a day and add one tablet made up as follows:

R Tinct. Aconite 1-5 min.
 Tinct. Belladonna 1-10 min.
 Tinct. Bryonia 1-10 min.
 Mer. Iod. Red. 1-100 grain.
 Morphine Sulph. 1-100 grain.
 Sodium Salicylate 1 grain.
 Oil Wintergreen (Fraser) ... 1-20 min.

M. Sig.: One every hour.

—Willis Clarke Noble, M. D., Montclair, N. J.

[Written for the MEDICAL BRIEF.]

Bronchitis.—

Expectorants.—Ammonium carb., ammonium chlor., ipecac, lobelia, apomorphin, balsam tolu.

Checks Secretion.—Atropin, catechu, morphin.

Sedatives.—Cannabis, codein, morphin, bromide, quinine.

Anti-spasmodics.—Asafetida, atropin, morphine.

Respiratory Stimulants.—Benzoin acid, arsenic, cocain, heroin, caffen, strychnin, quinine.

Antiseptics.—Creosote, eucalyptus.—M. G. Price, M. D., Mosheim, Tenn.

[Written for the MEDICAL BRIEF.]

How to Reduce Temperature Safely Without Anti-Pyretics.—Bathe patient in hot water, or, if too weak for general bath, use hot wet towel, and surface bathe him. Then apply alcohol dilute freely to the body. Immediately afterwards apply with friction to back, breast, bowels, under arms, under knees, and to soles of feet:

R Quinine 60 grains.
 Lard 1 ounce.

Repeat the applications of alcohol and the ointment as often as the skin is dry until fever is under control. One bath or hot water rubbing daily will suffice, but watch carefully, and apply the other as often as dry. Good results have been obtained frequently from the above by me.—Luke Robinson, M. D., Covington, Ga.

[Written for the MEDICAL BRIEF.]

Scalp Wound.—Some time ago I was called to see a case in the country. I found a boy with half his scalp torn away. I examined for fracture, etc., and finding none sewed the wound up. A week later I was called and found anterior branch of temporal artery bleeding. Dr. —, a country doctor, had been there, and said nothing could be done but bathe parts in cold water, or send to town for two doctors to do an operation. When I arrived, patient was too weak to take chloroform, so I took a cork and placed it over temporal artery, in front of ear, and passed strip of adhesive plaster over top of head and under chin. This stopped the hemor-

rhage, and the boy is now well. If he had died, would or would not Dr. — have been responsible?—Sam N. Scott, M. D., Somerset, Ky.

[Written for the MEDICAL BRIEF.]

Collections.—To most practitioners, collections is a matter of vital importance. Try this: When called to a case where pay is doubtful, make one call, and when called again, get your fee for the first call before making the account larger. Make obstetric cases cash unless you know the money will be forthcoming. Collect your bills regularly as other business men do. It is your money for which you ask your debtor. It is not nearly so great an infringement on your professional dignity to ask for your fee, or to collect by law, if necessary, as it is to run into debt.—A. W. Stiles, M. D., Apalachin, N. Y.

[Written for the MEDICAL BRIEF.]

Beechwood Creosote.—The intelligent use of beechwood creosote by the profession for the treatment of tubercular and pyemic conditions, should receive more consideration.

I believe the prejudice existing against the use of this most valuable and time-worn remedy is chiefly due to its administration in small doses, and the consequent negative results.

It has not been my privilege to treat a greater number of consumptives than fall to the lot of the ordinary, but marvelous results have come under my observation. Be sure and get a pure article, and then give the patient the benefit of therapeutic doses.

Ordinarily, I start them on five-drop doses three times a day, increasing five drops a dose, until thirty drops are given each dose. No sense of discomfort follows, as a rule, a sense of warmth being the only symptom noticeable. Where a stomach is weak and irritable, the doses must be increased gradually.

I have given sixty drops three times a day without discomfort to the patient, and noticed marked improvement. A colleague of mine found it necessary to increase his doses to one hundred and ten drops three times a day to a case of tubercle, after which improvement took

place, and the patient soon got up and about as usual.

I combine five minims of ol. peppermint with each drachm of pure creosote, and administer in gelatin capsules. Have the nurse fill the capsules with the proper dose, which can easily be done with a medicine dropper. Each dose should be followed by a small quantity of wine, spirits, or milk.—C. R. Sanderson, M. D., Waynesville, Ill.

[Written for the MEDICAL BRIEF.]

Chronic Gonorrhea.—J. S. called to see me, September 16, 1903, suffering with chronic gonorrhea. I at once ordered him kali bromide, ten grains to the dose, repeated every five hours, to overcome any chordee that might arise. He reported to me three days later, and I commenced irrigation of the urethra, with a solution of kali permanganate, one grain to each ounce of water. I continued this mode of treatment every night for three weeks, the fourth week irrigating every other night. At the end of the fourth week the discharge had disappeared, and I pronounced the case cured. It is now over one year, and there has been no return of the disease.—J. C. Tanner, M. D., Hartford, Conn.

[Written for the MEDICAL BRIEF.]

A "Rung Shell" Case.—Was called to a case of gunshot wound of abdomen. The charge entered below navel, and to left of median line, point of entrance being perfectly round. Load was found in lumbar region, the shot in solid clump, with one wad in front and two behind it removed. What was the explanation to finding? Patient was shot with rung shell, one rung with knife between powder and shot. Where was the shell? Nobody knew.

After temperature became septic, track was opened, and shell found two and one-half inches from site of load, between abdominal muscles and parietal peritoneum. Patient suffered on account of my ignorance of a rung shell. A rung shell shoots beyond the gun's range, shell, wad, and shot keeping together, same as rifle ball. All such wounds demand immediate interference and operation.—L. M. Winn, M. D., Clayton, Ala.

[Written for the MEDICAL BRIEF.]

A Plea for Milder Eye Treatment.—I am frequently consulted by patients suffering from mildly inflamed eyelids, whose condition has been made worse by remedies that were too energetic; as, for instance:

R Zinc Sulph. 2 to 5 grains.
Aq. 1 ounce; or Hg. Ox. Flav. 1 to 3 grains.
Vaseline 1 drachm.

The mild cases of inflammation of the ocular mucous membrane yield to much milder treatment. I write for:

R Zinc Sulph 1-2 to 1-3 grain.
Sodium Chloride 6 grains.
Aque Rose 1 ounce.

Put three to four drops in eyes every half to two hours according to case. Frequent application of mild agents relieve these cases quickly. The yellow oxide is a most useful agent also. I use:

R Hg. Ox. Flav. 1-5 grain.
Sol. Adrenalin or Supra-
renalin 8 drops.
Lanoline 6 grains.
Vaseline 1 drachm.

Put a small piece in the eyes at bedtime; also in the morning, if needed.—
W. H. Wakefield, M. D., Charlotte, N. C.

[Written for the MEDICAL BRIEF.]

Gastralgia.—Gastralgia is one of the most painful conditions of the stomach with which we have to deal. It being almost next to impossible to relieve the paroxysms of excruciating pain. I have found the following prescription of great value in this trouble, it giving almost immediate relief, even in those cases where everything else had failed:

R OL Caryophyllus 2 drachms.
Tr. Opil. Camph. 2 ounces.
Spts. Vinl Gallicl. q. s. ad. . . 3 ounces.
M. Ft. Sig.: One drachm in hot water every two or three hours until relieved.

—Edwin A. Welmer, M. D., Pekin, Ill.

[Written for the MEDICAL BRIEF.]

Fever.

BY J. W. STEWART, M. D.,
Big Flats, N. Y.

The history of practical medicine consists of little else than a review of the theories which have arisen and sunk again, concerning the nature, the causes, the prevention and treatment of fever. Is this ever true? Whatever other objects

or conditions of interest or importance within the domain of medical science which may have attracted the attention of physicians, fever has at all times been viewed as presenting the most extensive and inviting field for observation and exercise of ingenuity. It is in this department that observation and research have been most industrious in accumulating materials, and that hypothesis has luxuriated in her wildest exuberance. It is considered that the destroying angel has made its most devastating visitations under the form of febrile epidemics, and in the long list of human maladies fever occurs to a greater or less extent in the majority of the subjects we are called upon to treat.

The great importance of this subject is strongly forced upon our considerations from a retrospective glance of the history of our science. We are forced to acknowledge that there is, perhaps, no subject which is more eminently calculated to humble the pride of human reason than this one. In relation to this subject, pathology has been in a continued state of revolution and instability. Theories have been advanced in a continued and rapid series of succession, and dreams of speculation have vanished; the glory of her empire has gone by, and the genius of rational reason is now the only power under whose direction science presses forward to battle in this conquest of knowledge.

The human system is continually under the influence of causes which have a tendency to intercept and terminate its action. Life would be short in its duration, and harassed by constant disease if the animal organization were not endowed with the inherent power of resisting to a degree the influence of injurious causes. It is by the aid of this vital resistance that man is enabled to live through a long series of years amidst a multiplicity of causes which conspire unceasingly to his destruction. In relation to the degree in which this power of resisting injuries is possessed by different individuals, there exists a great diversity. Thus a wound by a needle or a rusty nail will in one individual cause great pain and constitutional irritation, in another syncope, in a third tetanus, in a fourth scarcely any

perceptible disturbance; hence the various degrees of constitutional or natural predisposition to fever. That the derangement of the nervous system constitute the initial link in the chain of morbid actions which occur in the development of fever, there can be no doubt.

Admitting that the nervous system and the lack of the power of resistance are factors largely connected with all diseases attended with elevation of temperature, it is of great importance that the two conditions spoken of be well attended to, with those who present themselves to the physician for advice and treatment.

Please find enclosed two dollars to pay for the **MEDICAL BRIEF** for two years. I have learned to like the **BRIEF** exceedingly well.—**CHAS. A. DAY, M. D., Boston, Mass.**

[Written for the **MEDICAL BRIEF**.]

Diet and Destiny.

BY **SAMUEL S. WALLIAN, A. M., M. D.,**
Editor "*Dietetic and Hygienic Gazette*,"
New York.

The food of a nation fixes its rank and standing among other nations.

The diet of the individual determines his character, his ambitions, and his destiny. It measures his mental, moral and physical growth and development. It predisposes him to health, or dooms him to disease, the quality and nature of the food controlling the particular variety of the malady, idiosyncrasy or diathesis.

The infant sucks his constitution, temperament and tendencies from his mother's breast, when that normal and noble fount is not superseded by a disgusting rubber nipple and a never-clean nursing bottle of skimmed or scalded milk. The adult buys his, at two hundred and fifty per cent profit, from his adulterating grocer, the insatiate beef trust, or his alum-and-plaster-and-chalk baker.

Diet either invites or repels invasion—the infections. It either induces or prevents the inroads of the dyscrasias—tuberculosis, carcinoma, gout, rheumatism and the dermatoses.

Diet constitutes the right, left, center, and reserve corps in every battle with dis-

ease. Whenever the impending fate hangs suspended between diet and drugs, diet wins, or the battle is lost.

The new century accredits no cures for consumption outside of air and alimentation, and air is food, an essential food, without which no mammal can for a moment maintain its vital integrity. The lungs and skin both ingest and assimilate, not as mere auxiliaries or secondary aids, but as primary and fundamental resources.

The stomach has been proclaimed the citadel of life, but man breathes before he eats, and could not assimilate an ounce of either solid or liquid food, if he did not first appropriate a requisite and adequate supply of seriform food—oxygen. To maintain an approximate equilibrium between the intake of air and the ingestion of aliment is a fundamental law of physiology.

Nutrition is not the result of a series of chemical reactions, but occurs as a sequence of intricate vital transformations which we can neither understand nor describe, except by tagging them with a Greek title—*Metabolism*.

All the wasting diseases are inevitable sequences of faulty metabolism, and faulty metabolism is but another name for some phase of inanition, innutrition—starvation.

There is nowhere a dearth of food, but everywhere a surplus, for these are the days of bountiful harvests and universal over-feeding. Therefore, in every lapse from health, either some essential elements have been lacking in the food, or the equilibrium between alimentation and respiration has been ignored or destroyed.

It is oftener poor food than impure food that underlies the health-lapse.

Wherein lies the fault?

We have not far to look. This is a generation of starch-eaters.

Too many sanitarians and dietarians have lost their bearings by accepting the physiologic vagary that starch is synonymous with stamina. There could be no more serious dietetic blunder. Starch builds an inferior and effeminate quality of either brain or brawn.

What is baker's bread? Degenerate starch. What are morning rolls? The same starch, with a little more crust,

served hot. What is pastry? Starch, undergoing fatty degeneration. What is cake? Starch, sweetened, egged and superfatted. What is macaroni? Soggy starch, drawn into cylinders, and dried. What are ordinary crackers? Starch that has been robbed of every trace of its redeeming gluten—beaten, shortened and baked. What is rice? As used in polite and refined America, pure starch; as used by the hardy Japs and heathen Chinese, an excellent proteid food, capable, with slight additions, of sustaining life indefinitely and well.

Diet will determine the ultimate outcome of the pending Russo-Japanese war.

509 Fifth Avenue.

Without sycophantism, I am a friend of the Editor of the BRIEF and like the journal. I admire the editorials; they have the right ring. Bow not to any man; treat all manly, which I believe you do. Success to the BRIEF.—L. A. SMITH, M. D., Topaz, Mo.

[Written for the MEDICAL BRIEF.]

What is Suggestion?

BY A. A. LINDSAY, M. D.,

Principal St. Louis College of Suggestion.
St. Louis.

Suggestion used scientifically in moral culture is a most efficient agent. A youth eighteen years old applied at my institution in San Francisco to become a subject upon whom I could demonstrate in teaching psychology. His thoroughly disreputable appearance made me hesitate at first, for he was foul without and within, but I decided after discovering most profound degeneracy of character that it would be an excellent opportunity to learn if the last spark of good ever does die out of the human soul. Every class of bad habits mentionable and otherwise was fixed upon him, including dissipation in alcoholism, tobacco, gambling, lying and idleness.

I developed him as an hypnotic subject upon whom I could demonstrate every phase of physical suggestibility, such as removing the sense of pain, producing catalepsy and also show the various

phenomena in hallucinations. I began with treating him by first at each sitting talking to him about the unprofitableness of dissipations of various kinds. He even smiled in his hypnotic state when I began to talk of better things than he was doing. I determined that a general reformation could not be produced in him suddenly and that I would have to take up his offenses, item at a time. I saw that his incessant associations that were connected with his gambling had more to do with his catalogue of habits than any other individual situation. I conversed with him while in the hypnotic state, and when he told me how much loss there was in his practice I began the insinuation that with perpetual losses which he would always meet with he would begin to consider the matter of giving up the thing. At following sittings he would tell me he was disgusted at being cheated all the time. Feeling my way cautiously not to give a suggestion that would cause him to never return, I pressed the losing phase of gambling until he had a desire to quit, but hardly strong enough to not go and try once more. I had demonstrated so often that he would respond to every physical suggestion, I gave him the suggestion that he would not be able to pick up the card and if he should manipulate it into his hand he would close his fingers down so tightly he could not let go of the card. At his next visit he had much feeling toward his companions, for he said they kicked him out because they thought he was making fun of them acting like his fingers were all thumbs. He did not remember my suggestions at all. He becoming unfitted for his old companions was a great help, for they wanted no one not congenial, and he did not like them either after their treatment when he had bought the poker chips and was not permitted to play. I strengthened at each treatment the suggestions against gambling, then began upon the drinking. He found suddenly that all liquors had become nauseous to him (according to my suggestion) and as he had heard me teach that habits and desires were controllable by suggestions given in the hypnotic state he asked me to treat him so he could drink steam beer, for he said he wanted

to quit all other drinks, but wanted to be sociable some way with the boys, and besides, he liked steam beer.

I gave him the suggestion that wine, whisky and all other liquors would be so sickening to him that he would not want them nor be able to retain them if swallowed. At his next visit he was sorer than ever regarding all but the beer, and he was regretting he could not drink that with more relish. He said they gave him such awful rotten stuff when he called for beer, but he said that he must drink something.

I then gave him the suggestion that he would not be able to lift a glass of any liquor to his mouth; that his arm would refuse to carry it, and with this final treatment along this line and with his failure to get the glass to his lips he was fully receptive to the moral appeals I made, and he gave up all these habits, but it took me three months to get him away from that class of association and dissipation. I continued treatment for six months altogether, and at the end of that time there was nothing but his name to suggest the youth I took in at the beginning. He had gotten neat in his dress and careful in bathing, polite in manner and a face of a human instead of the awful visage formerly presented. He had become industrious and taken hard work at the iron works. With this result in the most extravagant reprobate I ever had dealings with I would not consider any one, however criminal he might be, without hope and promise of reformation under suggestion properly used. There are several points in this interesting clinic that need our careful attention lest the beginner in such operations would fail. First notice that I could not give him a positive suggestion at first that he would never gamble, drink, smoke or dissipate other but that I had to take up his habits, class at a time; but the particular thing to notice is that even in a deep hypnosis I could not begin with him by a strong and positive suggestion that he would be cured immediately. I knew full well that such a positive suggestion which was so diametrically opposite to his habit (his auto-suggestion) would probably be such a shock to him that he would come

out of the state, or if he did not he at least would never return to my office. I began in the most insidious way by mild insinuation, barely referring to his practices and not referring to them as his, but introducing the idea of his repulsion for it in others.

I profited in his instance by previous experience, in which a parent brought his son to me to be treated, so far as the son supposed, for a physical disorder, but I was requested by the father to treat him also for a moral correction. I gave the suggestion strong and positive and never got the boy back again.

This case needs some consideration at my hands in view of what it will suggest to the reader of limited knowledge in psychology.

To every one, informed or otherwise, it is evident that there is always a spark of good in the human heart. That gentleness and tact can fan this into a flame of righteousness is as plain.

We all need to see both sides of a question, and you are saying if suggestion can build character like that would it not if misused be just as effectual in breaking down a good standard of morals and cause wrong habits in the pure? The reply must be in the affirmative, with some important modification, however. It is inherent in the soul to ever strive to maintain moral and physical integrity and, therefore, when that intelligence is brought uppermost all reforms suggested co-operate with that which is soul's nature and fine reception. However, if a man with a high standard of morals were to place himself subject to day after day for six months hearing suggestions contrary to the high standard, he would come down to the standard suggested. This is demonstrated thousands of times without hypnosis or a trained suggestor, for the best and purest if placed in the environment of unclean kind and remaining there will become like that which is constantly before his eyes or within his hearing. He at least partakes to some extent of the nature of that which is ever before him.

Even though it be true that an operator could, if he had the opportunity for six months to give bad suggestions, destroy

the high standard, how is he going to get that opportunity? Who is going to place himself under the treatment of a pick-pocket or any other sort of a criminal. Hypnosis can not be forced upon any man or woman. The deeper states are rare, and only after long development is forgetfulness (amnesia) possible, and so there is that protection to every one that makes the misuse of suggestion in the hypnotic state impracticable and improbable though possible, if any person deliberately selects an evil-minded operator and elects to keep himself under such treatment at his hands for months. The ifs in the case prevent hypnosis from being a partner in crime or even a helpful agent.

This article is not self-luminous, but needs the aid of those published in the *MEDICAL BRIEF* August, September and October, 1904.

2420 Grand Avenue.

Send me the *MEDICAL BRIEF* for 1905, for which you will find enclosed one dollar. I enjoy the reading of the *BRIEF*.—
DAVID M. FINLEY, M. D., Clinton, Ia.

[Written for the *MEDICAL BRIEF*.]

Diagnosis of Disease by Blood Examination—A Clinic.*

BY ROBERT L. WATKINS, M. D.,
New York.

In these times of advanced medical science, it is scarcely necessary to call your attention to the importance of blood-examination. Physicians, and patients as well, recognize its efficiency, and have it done not once, but often.

There are two methods: the first, or old-time way, by dry or stained blood; the second, or newer fashion, the fresh blood examination. The latter is, by far, the more simple, the more practical, and the more important.

A drop of blood is taken from the wrist, placed on a glass slide, over which is put a cover glass, thus, and examined through the microscope while yet living and moving. (We will use a one-seventh objective lens.)

*Special notes and photographs taken for the *MEDICAL BRIEF*.

In private practice, it is my custom to take a photograph of each specimen, which furnishes a permanent record of the patient's condition on that date. My camera is permanently fixed at the left side of my office desk (Fig. 1), with my electric sterilizer on the right, and the microscope in the center.

This method of examination is open to the general practitioner. He can tell, at a glance, whether there is a normal number (Fig. 2), or a lack (shown plainly in Fig. 4) of red cells, and many of the other pathological conditions.

I will now call to your attention, chiefly, the points which can be observed by look-



FIG. 1. It will be easily perceived that the examiner can, by means of this apparatus, draw the blood, examine it microscopically, and photograph it, repeating the process at his pleasure without leaving his chair. B, Switch. C, Camera. D, Electric light.

ing at the blood, exclusive of subjective symptoms.

This man looks about fifty-six years old. We will take a drop of blood, and, putting it under the microscope, we see that the cells are not strong. As we let this blood stand on the slide, changes take place which are important to observe. While the cells are still moving, their contour is becoming serrated. This occurring in so short a time, indicates lack of nervous energy. Still further, on moving the slide about, crystals are seen floating in the serum among the corpuscles. It is very easy to pronounce the subject as

rheumatic. When questioned, he says he is sixty years old, and has had rheumatism for thirty years, but what he comes for now is his weak condition; he has

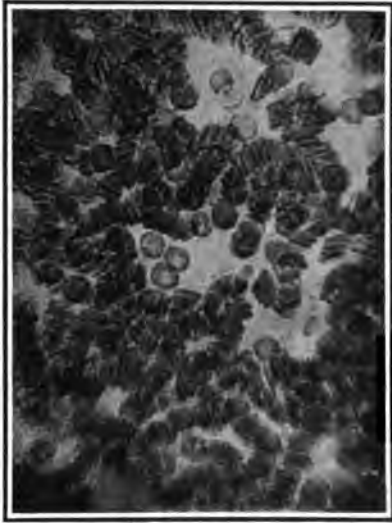


FIG. 2. Normal number of cells. Blurred cells at the bottom were moving. $\frac{1}{12}$ obj. x 900.

no ambition. He has been working very hard, mentally. This man has rheumatism, together with his neurasthenic condition, and needs, beside treatment, a vacation. (Fig. 4.)

This is a colored man, who has suffered for six weeks with a swelling in the groin. This examination is to ascertain if it be an abscess. Blood from his wrist does not reveal any excessive white cells, so we will take a drop, from a puncture with the hypodermic needle into the swelling. An examination of this shows, also, no excess of white cells, therefore no pus, and the swelling will abate of itself.

This woman, you will note, walks with a limp. The blood shows the characteristic agglutination or stickiness of the cells, which is invariably present in rheumatism, together with crystals of urates and cystine. This case includes several forms of rheumatism, each of which would be interesting to consider, if time permitted. (Fig. 3.)

Her daughter, who accompanies her, requests a blood examination. She only desires to know if she has inherited rheumatism. The examination shows normal

number of cells, evenly arranged, and of good tone. There is not even a rheumatic tendency. The only abnormal point is the eighty per cent hemoglobin.

This man is fifty-six years of age. He is very thin and anemic. His appearance and his voice would indicate tuberculosis of the lungs. For our purpose, it is sufficient to learn that he has been ill four or five years. A drop of blood is taken, as usual, from the wrist, and it shows that there is no tuberculosis whatever; but it does show that while the proportion of white to red cells is about normal, there is a lack of both, and, also, a lack of hemoglobin. This latter would be perceptible even in a photograph.

The serum is very clear, but not in excess of normal. On questioning, we find the man to be suffering from diabetes.

There are also present a great many spores of syphilis. He denies any such history, and his brother, who is present, claims for him a model life. Nevertheless, on closer investigation, it is acknowledged that such might have occurred some thirty-five years previous.

This young woman, who is apparently twenty-one years old, is brought by her



FIG. 3. The adhesive moving cells are carrying broken crystals and amorphous urates. Fibrin in the serum.

friend, Mrs. B., to see if she has incipient tuberculosis of the lungs.

You will notice, by her face, that she is slightly anemic and emaciated. The blood

shows that the cells are evenly distributed throughout the field, pretty free from granulated edges, and that there is in the serum no tuberculous matter.

Thus we know, without further evidence, that this is not a consumptive case, which greatly relieves the anxiety of herself and her friend. On questioning her, we find that she has been working very hard in her school, and conclude that she is simply run down, and in need of the vacation which she is about to take.

This reminds me of a case I examined a year ago. Mrs. T. was about to be operated upon for cancer in the large intestine, which included part of the rec-

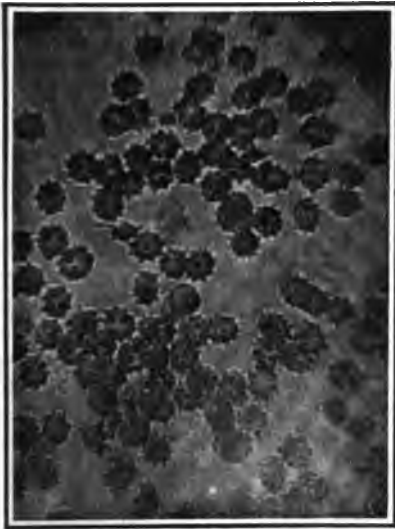


FIG. 4. Shows a field of this blood, where the crenated or weak cells are the most marked.

tum. She had been suffering, off and on, for many years. The symptoms were emaciation, loss of strength, difficult and painful evacuation, with an occasional hemorrhage. The family sent for me to examine the blood. The serum was found to contain a little yeast, together with a sticky, fibrinous material. The cells were very much stuck together, and decreased in numbers. The proportion of white cells to red was about two to three hundred. My diagnosis was catarrh of the bowels, and not cancer. I told her she would live a great many years, and certainly needed no operation. It was a great relief to her family. She is now at-

tending to her duties, and is in better health than for many years.

Mr. E. brings his bride of a few months to be examined for premonitory disease. The blood of the young wife reveals a fermentative product, together with an adhesiveness of the blood cells, which indicate a pretubercular condition. It is anemic. There is a goodly quantity of red cells—four million—and the white cells are only slightly in excess of normal. There is a slight indication of septic blood.

On questioning her, I find that the young lady has a cold sore on her upper lip, and an ulceration over two or three upper teeth. This latter she has had for the past year and a half—canker sores, she calls them; but it is pyorrhea alveolaris.

The young husband shows unmistakable evidence of rheumatism, though not pronounced, with amorphous urates in the serum.

The vitality of the red discs is good, because the contour is round and distinct. But beside these slight rheumatic traces there are syphilitic spores in abundance.

As he comes simply for his wife's examination, we will defer questions until a private interview can be had. We can probably prevent a further infection in the other half of the family.

Here is a specimen just received through the mail. I unwrap it, and take the glass slide from the case. The letter accompanying it says the patient from whom the blood was drawn had syphilis several years ago, and that he is now suffering from a cough of two years' standing, which is thought to be of a tuberculous character.

In examining for syphilis, the one-twelfth objective lens must be used. I, therefore, turn the nose piece of the microscope around, and examine the specimen.

The sender of this communication will certainly be very much pleased to learn my diagnosis—no syphilis.

Gentlemen, it costs just four cents to send this specimen to any part of the United States, so that California can be at once in touch with New York.

After all, the first and most important point in medical practice is the diagnosis. When a person becomes ill, the first question he asks is, "What is the matter?" The first thing that the puzzled physician asks is, "How am I going to find out?"

We assert that the quickest, surest, and often the only means, of diagnosis, is by a fresh blood examination, the infallibility of which relieves one from "a deep-dyed doubt of a dubious diagnosis."

Besides, a blood examination may prevent an illness, and "an ounce of prevention is worth a pound of cure."

20 West Twenty-Fourth Street.

Please find enclosed one dollar to pay for the BRIEF for 1905. The BRIEF is a welcome visitor to my office. When it fails to come, I feel like I had missed a month's chat with the medical staff. Long live the BRIEF.—F. KIRKPATRICK, M. D., Riddle, Ore.

[Written for the MEDICAL BRIEF.]
Appendicitis (So-Called) and Its Treatment.

BY J. W. C. WEST, M. D.,
 Gill, Ark.

This novel complaint, of late years, has opened up a new avenue for much thought—and a great deal more should be given it than has been by the general practitioner. For several years I have given this disease (appendicitis, so-called) much profound consideration, coupled with several well developed cases for close observation and practical demonstration by medical treatment, and that successfully, etc. Now, I would not have my professional brethren believe and understand me to be absolutely against surgical interference; but go slow, with a more serious consideration in diagnosis—for one-half or two-thirds of so-called cases of appendicitis will recover from well directed medicinal applications, as I hope to prove by a few well defined cases, with treatment for same.

Case 1.—Mrs. L., age fifty-five, mother of several grown children, was taken ill with rigor, followed by fever, with pain over appendix and entire abdominal tumefaction, with constipation. Was

treated by Dr. H. one week—diagnosed appendicitis; operation suggested; county-seat surgeon called, confirming diagnosis, and operation proposed. Family objecting, the case was dismissed and turned over to the family. At this period I was called in. The case looked hopeless, as two weeks had elapsed, and unconsciousness had been added to the above symptoms. I now began treatment by sponging the entire abdominal walls with warm water, flannels wrung out of same and thoroughly saturated with castor oil and applied, covered with folded towel to retain heat, which was followed by thorough evacuation of intestines with a partial return of consciousness. At this juncture I gave bromidia, to control pain and jactitation; tr. aconite and spr. nitre dulc. to conquer fever; gave salines per mouth now until I obtained a complete cleansing of the intestines from all offending fecal matter, which I deem a prime factor in a major part of those diseases named or styled appendicitis nowadays. This case was dismissed in four days—well.

Case 2.—Mrs. L., age thirty-five years. This subject had been sick for several weeks, under the care of two physicians, with symptoms like unto case first, except she retained consciousness throughout her entire illness. Case not improving, physicians were dismissed. The case fell into my hands. I placed her on same treatment as first case, with like results, in eight days—well.

Case 3.—Mr. H., age twenty-five years. Had been under treatment for one week by Dr. McM. Had three other doctors of good standing who confirmed the diagnosis—appendicitis. All recommended operation, refusing to give any other treatment, and left the case. Patient then fell into my hands. Put him on same treatment as case numbers one and two, with entire recovery within one week afterward.

Now, these cases had no relapses, as they were under my supervision for one year after treatment.

Enclosed you will find check for two dollars for the MEDICAL BRIEF for two years. The BRIEF is certainly a brilliant journal.—G. P. KINGSLEY, M. D., Madison, Wis.

[Written for the MEDICAL BRIEF.]

Education.

BY B. M. JACKSON, M. D., LL.B.,
Omaha, Neb.

"Mankind have a great aversion to intellectual labour; but even supposing knowledge to be easily attainable, more people would be content to be ignorant than would take even a little trouble to acquire it."—Johnson.

Many States have enacted compulsory education laws, and any number of thinking individuals have questioned the wisdom of the legislatures which enacted them. Would it not be well to ask ourselves seriously what can be accomplished by compulsory laws? Can laws compel individuals to be educated? What is education? Suppose an individual can read and write, does it follow that he is educated? Suppose that one holds a university degree, would even this prove that its possessor is educated? I do not think so. The individual who is anxious for a true education must educate himself. In other words, he must study, observe, compare and think. A faculty of professors teach what they have been taught and what they discover or think about themselves, and no more; sometimes less. I say less, because I have in mind a few thinking gentlemen who were dismissed from various institutions on account of expressing their personal opinions. Think of it, men pass compulsory education laws that every one may be "educated," and yet State as well as private institutions dismiss teachers for teaching those who are compelled to acquire an education. True, the compulsory education laws do not apply to higher education; but, if I am forced to attend a primary school, have I not the right to force myself into a higher one, and learn all the professors thereof know or think about? Says the Catholic institution to its professors: "You must teach this, that and the other, and no more." And, if a professor teaches more, he is instantly dismissed. Ditto the

Presbyterian; ditto, the Baptist; ditto, the Methodist; ditto, the Jewish; ditto, the institution controlled by Republicans; ditto, the institution controlled by Democrats, etc. Take history as taught in Southern and Northern States respectively, and they vary on essential points. Professor Ernest Haeckel, of Germany, complains that he is not as free to express his thoughts at the University of Berlin as he is at that of Jena. Surely, there are motives for all this limitation of freedom to express thoughts. I well remember a Professor Allopath, who talked to his class about homeopathic and all other schools as if their mission was to turn out cut-throats and murderers. The American Confederation of Reciprocating, Examining and Licensing Medical Board has "resolved" that, as a prerequisite to "reciprocation," the physician who prays for a reciprocal reciprocundity must submit a certificate to the "reciprocationists," to the effect that the "reciprocander" has been, for at least one year, a member of a county, state and national medical association of the school or system to which he belongs. How does this "resolve" sound to you as compared with the "resolve" of the fellows who, as a prerequisite to their granting a passport to "heaven," one must belong to their church; must believe in all that is written in a certain book; must confess periodically what—never mind what; must contribute the "Peter's pence," the widows' mite, and other mites? At any rate, if our ancestors should come back to life they would find themselves in our midst, and I fear me much they would mock us—aye, give us the laugh. They would point out our respective degrees of idiocy and say—well, what would not they say? We have all heard the expression, "If Moses, or Christ, or Mohammed, or Luther, or Washington, or Jefferson, or Lincoln, or Emerson, or Channing, or, or, or, came back to life again!" Imagine what these respective gentlemen would not say, because we can easily guess what they would say. But to return to the subject—education. Education! Does the reader conceive how much this word education involves? I can not; aye, it seems to me almost unthink-

able. The limit of education is akin to limits of time and space. Who can conceive of a boundary line where space ends, and the point from which time travels, not farther? It is unthinkable! We speak of education in a sort of pedantic fashion, because we forget (our memories always betray us) that what is considered knowledge to-day is nothing but ignorance to-morrow. Also, when an individual says "Damn History," that that mortal being is ignorant to-day of what took place yesterday.

One of the subjects with which we ought to be most familiar and ever remember is history; yet it is the quickest forgotten. One is careful to be familiar with and strives to remember the multiplication and division and addition tables; yet the fact is that some were burned at the stake for uttering truths, and others were disemboweled or their bones were broken for denying human infallibility. Most human beings forget almost the moment they hear of or read such incidents in history. The word education is hard to define so as to include knowledge and wisdom; because our knowledge is necessarily limited (who knows whether there are in fact other worlds than ours? Who knows what the future has in store for this world?) and our wisdom, including that of every "Pope," is far from infallible. Says a writer, "Instruction and breeding are to education as parts to a whole; the instruction respects the communication of knowledge, and breeding respects the manner of outward conduct; but education comprehends not only both these, but the formation of the mind, the regulation of the heart, and the establishment of (sound) principles." In other words, an education comprehends good instruction, because it teaches us what others know and think about; good breeding, because it makes us more agreeable. An educated man learns from every source whatsoever, always thinks for himself, and ever concedes this right to his fellow men. He believes in and fights for freedom, independence and progress. In freedom, because he can develop socially and politically; in independence, because his opinions may be

sounder and more consistent with truth and justice than those of some "ruler;" in progress, because he can develop intellectually. Some physicians have been anxious to curtail the freedom and independence of their confreres and have thereby enslaved themselves. Now, they have to bow to "rulers," and not only this, but pay for the privilege to bow. This is not in harmony with education, however limited we may understand its meaning. I am not unmindful of the fact that we learn, to a certain extent, from associating with one another, but I have yet to find out that men do learn something in associations in which the multitude who seek knowledge are being exploited for the benefit of a few. No one can be more willing to pay his respects and render homage to intellectual leaders than I am, but I am entitled to freedom and independence, and to think for myself. If I am a "little fellow," hence not up to an imaginary standard, I am anxious to learn; because I am conscious that in the great struggle for existence merit alone counts. But I humbly object to being legislated into all kinds of hardships, because this cuts off my opportunities to progress socially, politically and intellectually.

I hear some medical politician remark: "We are trying to build up and you are tearing down." To which I respectfully reply: You are not "building up" as if you were disinterested. On the contrary, methinks, that you are somewhat of a government contractor. A government contractor "builds and builds," and, by the time the roof is finished, the government has paid several times over what an individual would have had to pay for a like structure—wait a minute, and, when the government has made the last payment, the building is almost ready to collapse. Methinks that the medical politicians are "building up and up" (?) the profession and, by the time they will put on the finishing "touches," that is, by the time they will have fettered every possible chain of tyranny and extortion around the fraternity, at least that part of it which contains the ninety or more per cent of "little fellows" (general practitioners), a majority of them will have

to seek other occupations. That is my humble opinion; and, considering the complaints of many physicians that they do not earn a livelihood at present, my opinion, while not infallible, has, in my estimation, some foundation in fact. From which follows that, while the medical politicians are "building up" sinecures for themselves and more and more assume autocratic powers by means of concentrating them into the hands of as few as possible, the profession is, in fact, torn down. Because the fraternity is now divided into classes, viz., specialists, politicians and "little fellows." The specialists have enacted a "code of ethics" which they violate with impunity and use as a club against the "little fellows;" the politicians have passed laws which, under the plea of "consultation," permit those who "know it all" to go from place to place, and the "little fellows" must not even go beyond a certain imaginary line; if a "little fellow" does want to go beyond an imaginary line, he must (1) pay a stiff fee which the politicians pocket; (2) submit a "passport" that he belongs to "a certain class;" (3) that he is of a certain pedigree which is ascertained from a blacklist; and, last but not least, (4) must believe in the "code of ethics" and belong to the association which enacted it. This, gentlemen, is not education, but tyranny and extortion. Remember, please, that "a kingdom (or family) divided against itself can not stand." Inasmuch as I speak to my own family, permit me to make a statement: The politics of the medical profession are very nearly alike with the politics of the Catholic organization during the Dark Ages, but that was not enough for the priests,* so they allowed Ignatius Loyola to "build" further, thereby enhancing the powers of the Catholic hierarchy. See the consequences. "Power will intoxicate the best hearts, as wine the strongest heads. No man (nor set of men) are wise enough nor good enough to be trusted with unlimited power."—Colton.

*Taking an organization in which a few have autocratic power, they become intoxicated with it and forget their duties toward confrères in particular and the public in general. Two instances worthy of mention are: Nero who burned "built-up" Rome, and Ignatius Loyola and his followers who undermined the "built-up" Catholic hierarchy.

Past and present history prove the same thing over and over again, yet man heeds not. Man! Education! Two words that no mortal being can fully comprehend. They are part and parcel of the world, and like the mysterious world itself, are incomprehensible and undefinable. Man is full of intellectual light, yet he is content to keep the rays within himself. He can be as free as a bird, yet prefers to be a slave. He is like a shadow always following.

"See him from Nature rising slow to Art!
To copy instinct then was reason's part;
Thus then to man the voice of Nature spake—
Go, from the creatures thy instructions take:
Learn from the Birds what food the thickets yield;
Learn from the Beasts the physics of the fields;
Thy arts of building from the Bee receive;
Learn ' the Mole to plow, the worm to weave;
Learn 'om the little Nautilus to sail,
Spread 'he thin oar, and catch the driving Gale."

—POPE.

311 Range Block.

After having examined a copy of the **MEDICAL BRIEF**. I decided it would be a help in my practice, for which herewith find enclosed one dollar for one year's subscription.—J. G. SMITH, M. D., Nevada, Texas.

[Written for the **MEDICAL BRIEF**.]
Oxygen in the Treatment of Diabetes.

BY ROBERT A. GUNN, M. D.,
New York City.

It is not my purpose in this article to discuss the causes or symptoms of diabetes. The impaired nutrition is apparent in the early stages, and the other symptoms are easily recognized, even though the nature of the predisposing causes are not definitely known.

For the purpose of treatment it is immaterial whether there is an over-production or under-consumption of sugar in the system; but it is important that we should get rid of the excess, which causes the malnutrition.

A careful inquiry into the history of diabetic patients will usually show a condition of defective oxidation of the blood. This led me to recommend the inhalation of oxygen in these cases, and a

report of a case treated in this way will illustrate the results obtained.

Mr. R. C., a merchant, thirty-five years of age, of an active, nervous temperament, consulted me in June, 1900, after having been under the care of several other physicians.

He said he had been under severe mental strain for the two previous years, on account of business losses and family difficulties. His usual weight had been about one hundred and eighty pounds, but in six months after his business troubles began he had lost twenty-five pounds. He had the usual symptoms of excessive thirst, enormously increased flow of urine, loss of strength and the presence of sugar in the urine.

When he consulted me his weight was one hundred and thirty pounds, and the urine contained acetone and nearly three per cent of sugar. His breathing was restricted so that the expansion of the thorax on full inspiration was less than two inches.

He had been following a rigid anti-diabetic diet for over a year, and had massage treatment of the muscles three times a week for several months.

I told him that he should increase his lung capacity by breathing exercises, and ordered him to inhale oxygen several times a day. I also recommended the use of faradic electricity, applied once daily over the entire body, so as to bring all the muscles into action. He supplied himself with two tanks of oxygen gas, one of which he kept in his residence and the other in his office. This he inhaled regularly for five or six minutes at a time, every hour, so that he took on an average about ten inhalations a day. In a month's time he noticed a marked improvement and began to gain a little flesh. The quantity of the urine decreased, his thirst diminished, his strength improved and the sugar was reduced to less than two per cent. He continued the oxygen inhalations for four months, at which time the sugar had disappeared, as well as the other symptoms that had been so pronounced. In that time his weight had increased to one hundred and fifty-four pounds, the chest expansion was four and

one-half inches, and he was able to attend to his business without fatigue.

Of course, he continued to exclude the carbohydrates from his diet, and for a time he took an elixir of pepsin, bismuth and strychnine to improve his digestion.

At the present writing he weighs one hundred and seventy pounds, attends regularly to business and has had no recurrence of the diabetic symptoms. He still keeps a tank of oxygen at his residence, and whenever he goes home fatigued, after a hard day's work, he takes two or three inhalations before bedtime. I have every reason to consider this a cure, and I attribute it to the oxygen inhalations.

I have treated other cases in the same way with equally good results, and believe it to be the most rational treatment of diabetes. The increased oxidation of the blood undoubtedly burns up the excess of sugar that has not been consumed by the tissues, and thus removes it from the system. In my opinion, this excess of sugar clogs the absorbent vessels, and thus prevents the nutritive material from being carried to the several tissues from the blood. With the increased oxidation the lymphatics are freed from obstruction and normal nutrition is re-established.

If such results can be obtained by inhaling an increased amount of oxygen for a few minutes at a time, at intervals of an hour, how much better results might be obtained if a diabetic patient could sleep for several hours in a chamber containing double the amount of oxygen that is present in the atmosphere. It is reasonable to suppose that sleeping in such an atmosphere every night, would more rapidly oxidize the excess of sugar in the system, and thus work a more rapid cure than occasional inhalations of oxygen.

Here, then, I claim another application of the advantages of my artificial air chambers, as described in the *MEDICAL BRIEF* for November, 1904. Let the diabetic patient sleep in this chamber six or seven hours every night, and thus breathe the extra oxygen without any effort, and we are sure to have sufficient oxidation to remove all effete material, including sugar, from the system and to restore the normal nutrition of the body.

I expect to be able to report a case treated in this way in the near future, and I shall faithfully record the progress of the case, and the results obtained for the benefit of the profession. In the meantime, no matter what treatment is followed, it should be supplemented by frequent and continued inhalations of oxygen.

Enclosed please find one dollar bill for the BRIEF for 1905. Must have BRIEF—can't do without it. I look for it as often as I do my meals.—H. B. COBLENTZ, M. D., Washington, D. C.

[Written for the MEDICAL BRIEF.]

A Brief History of Modern Surgery.

BY E. J. KEMPF, M. D.,
Jasper, Ind.

During all the ages up to the present time, surgery was considered to be a part of the healing art relating to external diseases, or those subject to treatment by mechanical or operative measures, and to injuries of any part or organ, their treatment, and the operation adapted for their cure. Formerly surgery was entirely a mechanical art, and was practiced by barbers and other uneducated persons; later the art of surgery was dependent more on anatomy and practical efficiency; to-day, surgery is a science based not only on anatomy, but also on an intimate knowledge of all the other branches of the medical sciences.

Up to the time of Hunter (1728-93), surgery, and indeed, medicine, were based in their practice almost entirely upon tradition and dogma. Hunter, by his labors in the direction of anatomy and physiology, lifted medicine from the obscurity of philosophical doctrine to the firm foundation of facts and imparted an impulse that is still felt and is still in evidence in the methods of research employed to-day in the fields of comparative pathology and experimental medicine which promise most for the advancement of the medical and allied sciences. From Hunter's period to the introduction of anesthesia there is no remarkable fact in the development of surgery. It is the object of this paper to give a brief review of

the vast advancement made in the science and art of surgery during the last hundred years.

In 1867, Joseph Lister first published his experiments on the antiseptic treatment of wounds. He thoroughly appreciated the work of Pasteur, and applying his theory to the process of healing, recognized that living organisms must be excluded from wounds. On this basis he founded a system of antiseptic surgery which has almost done away with pyemia, septicemia, gangrene, etc., and greatly reduced the mortality in hospitals. Statistics show that in 1861, in the hospitals of Paris, there were three deaths resulting from each five cases of amputation, and the state of affairs in Great Britain, Germany and Austria were almost as bad. After Lister's introduction of his methods into his hospital wards at Glasgow, the death rate after major amputations fell from forty-five to fifteen per cent in two years. Later it fell still lower.

In the earlier years of antiseptic surgery the results were not as good as they are now, which is due to the great improvements made in the technique of operative surgery. In 1881, Professor Koch, of Berlin, announced to the scientific world that perchloride of mercury or corrosive sublimate was a more powerful antiseptic than thymol, eucalyptus oil, iodoform, boric acid, salicylic acid and carbolic acid, which are all still in use at the present time, depending on the nature of the field of operation. Corrosive sublimate and carbolic acid are, however, the remedies modern antiseptic surgery depends upon. The hands, the clothing, the instruments of the operator, his assistants, the dressings for the wound, the operating rooms and the atmosphere are carefully cleansed or sterilized before an operation is performed, and such treatment is called aseptic, and enables the operator to dispense with disinfecting the wound with strong chemicals, unless the wound is already an infected one. Armed with antiseptics, or with the newer aseptic methods, the surgeon can perform feats which were scarcely imagined half a century ago.

Antiseptics have revolutionized surgery in the nineteenth century, and have placed it on a higher plane than internal

medicine will be likely to occupy for another century. Antiseptics have really made a new science of surgery, so much so that antiseptic surgery is the name given to it by some of the authorities of medicine. The principles and practices of modern antiseptic surgery have reached such a high plane of excellency that it is a question whether surgery has not reached its limit of perfection as a science.

There is a distinction without a difference between aseptic and antiseptic surgery. The former includes a series of measures calculated to absolutely exclude every living germ from lodgement on the surface of the wound by making the patient surgically clean, and to prevent living germs from reaching the wound by making the surgeon, the assistants, the surroundings, the instruments and the dressings surgically clean or sterile. The latter depends more on the destruction of germs by means of such remedies as corrosive sublimate, carbolic acid, iodoform, etc., although it includes all that we have mentioned in the definition of aseptic surgery. The antiseptic methods are based on the germ theory or fermentation and putrefaction, and antiseptic methods should be followed, because thereby we exclude bacteria from wounds, and so avoid putrefaction. The forms of antiseptic surgery as practiced by different surgeons of the various civilized countries of the world may vary, but, of course, the principles of antiseptic surgery are always the same.

In former times, blood-poisoning and other terrible results used to follow almost unfailingly certain sorts of wounds. Simple fractures in which the skin was unbroken used to heal easily and well, but if there were even a slight break of the skin, the wound would fester and cause great trouble. Amputation was considered necessary in numerous cases which the surgeon of to-day finds simple. Such amputations were followed appallingly often by gangrene or other putrefactive processes, because the basis of modern surgery, the study of bacteriology, was neither understood nor appreciated.

Diseases of the bones and of the joints, diseases of the organs of the chest and of the abdomen, injuries and diseases of the

skull and of the brain, injuries and diseases of the spinal column, are wonderfully dealt with. Humpbacked people are straightened, club feet are made symmetrical by the use of the knife applied to contracted tissues or misshapen bones. Bow-legs and knock-knees and other deformities of the limbs are straightened by the surgeons cutting boldly across the crooked bones, putting them in proper position and ensuring their correct growth by encasing the limbs in an immovable dressing, and leaving them to nature. If a fracture refuses to unite, or is of a complicated nature, the surgeon cuts down, under antiseptic precautions, and drills and joins the broken bones together.

Ligation of Large Arteries.—The United States has led the way in the ligation of the larger blood vessels. Some of the Americans who have gained distinction by the performance of such feats—each one of which was a triumph in surgery—are: Amos Twitchell (1781-1868), first to tie the primitive carotid artery; William Gibson (1784-1868), first to tie the common iliac artery; John Syng Dorsey (1783-1818), first to tie the external iliac artery; Valentine Mott (1785-1865), first to tie the *arteria innominata*; J. Kearney Rodgers (1793-1857), tied the left subclavian artery between the scaleni in 1846; John Murray Carnochan (1817-1857), ligated the femoral artery in 1851; Hunter McGuire tied the abdominal aorta in 1868, which, however, had been accomplished in 1817, by Sir Astley Cooper, an English surgeon.

Operations on the Nerves.—In dealing with nerves, the modern surgeon has none of the dread which forbade the old-time practitioner to touch them. Nerves are spliced and sewed so that evil results from accidents to them are entirely prevented; and for the cure of obstinate neuralgia, surgeons actually penetrate to the root of the disease in the spinal column or the skull, that is, the spinal cord or the brain. In 1856, John Murray Carnochan performed the excision of the superficial maxillary nerve beyond the ganglion of Meckel.

Skin-Grafting.—Skin-grafting is another performance of the nineteenth century surgeon. Ulcerated or otherwise diseased surfaces on a patient's body are

supplied with healthy cuticle transplanted in small parts from other parts of the human person or other individuals—and injuries which were formerly incurable are thus now readily healed. The French surgeon, Reverdin, is especially celebrated in connection with skin-grafting on ulcerated surfaces.

Brain Surgery.—The modern surgeon does not hesitate to remove tumors from the brain, after locating them from the accompanying symptoms. The skull is opened for the purpose, as well as for the stopping of intracranial hemorrhage, and for the treatment of intracranial abscesses; and, in traumatic epilepsy the operation of trephining has been performed to remove the pressure on the brain. Professor Mathew Kempf, of the Kentucky School of Medicine, performed this operation successfully in a case of traumatic epilepsy in 1876, and reported the case fully in the Cincinnati *Lancet* and *Observer*. This surgeon also successfully tied the external iliac artery for an aneurysmal varix of the femoral vessels in 1875, the patient still living, in 1902; he performed the radical cure for inguinal hernia in 1876, the patient still remaining cured in 1902; he removed a tumor from the stomach in the year 1867, the patient dying the day after the operation; and he removed necrosed ribs from a patient for empyema in 1866, the patient living many years afterwards. Most of these cases were reported in the *Louisville Weekly News*, Professor Cowling's paper.

Surgery of the Thorax.—The thorax is penetrated by the modern surgeon for various reasons, sometimes for banishing empyema, and sometimes for operations on the lungs, on the pleural cavity, or on the ribs, or for tumors. A wound of the heart has been considered absolutely fatal, throughout all the ages, but Dr. Rehm, of Frankfort-on-the-Main, successfully demonstrated that such is not the case. He sewed up a cut in the heart occasioned by a knife-thrust, and his patient recovered. Thus the very "tripod of life," as Bichat called the brain, the heart, and the lungs, are the field of modern surgery, and the surgeon over and over saves a life by his surgical skill where death was the only chance.

X-Ray.—Probably the most recent advance in surgery of great moment was the discovery of the X-ray by Roentgen, and its use in surgery, mainly in diagnosing a hidden injury or disease. F. S. Kollé, a prominent specialist in radiography, gives eight uses to which the X-ray can be applied in medicine and surgery. They are: To study anatomy; to preserve the relations of fragments in fracture of the bones; to study and diagnose its locations; to study and diagnose diseased bone; to diagnose ankylosis of joints; to locate foreign bodies, *i. e.*, bullets, needles, wood, etc., in flesh or bone; it is of diagnostic value in cases of tumors or enlargements of inner organs, such as the spleen, liver, kidney, heart, etc., and perhaps, in obstetric diagnosis.

The First Aid Packet.—The first aid packet, for the introduction of which the world is indebted to Esmarch, of Germany, is of vast importance, especially in case of war after a battle has taken place. At the suggestion of Esmarch, the German soldiers who took part in the Franco-Prussian war of 1870 were supplied with what was known as Esmarch's triangle, the forerunner of the modern first aid packet.

This packet has been sterilized, *i. e.*, steamed or exposed to heat great enough to kill all germs, before it is sealed, and the packet is never opened until needed. The soldiers who took part in the campaign around Santiago, July, 1898, were supplied each with a first aid packet. Notwithstanding the terrible tropical climate and the lack of proper shelter, from sun and rain, there was never before less blood-poisoning from infected wounds, and this happy result was due wholly to the use of the first aid packet.

Suture of the Veins.—Suture of the veins was first attempted by Niclause, in 1872, since when it has been done about a hundred times. Clermont reported a case upon which he operated for tubercular cervical lymphadenitis. As he had separated the internal jugular vein, he applied temporary catgut ligatures, while he sutured the opposing edges with fine silk. This healed well. The lateral and circular suture can only be attempted in large veins. A round needle and fine silk are needed. Clermont thinks that from

this now simple operation it is but a step to suturing the wall of the heart.

Adhesive Plaster.—Howard Lillenthal, M. D., of New York, introduced a method of closing all wounds, however large, whether on the abdomen, or after amputations of the hip, removing of the breast and large tumors, by means of adhesive strips previously sterilized, doing away with external silk sutures altogether. The advantage of this plan is supposed to be the impossibility of the occurrence of stitch abscesses. This method can, however, only be used in perfectly aseptic operations, and for this reason it is not likely to come into use in country practice, where the risk of a faulty technique always exists.

Recent Advances in Surgery.—The advances in surgery during the last few years have been very important, according to Dr. Wm. Rodman, a Philadelphia professor of surgery. In the first place, our means of diagnosis have greatly improved. A better technique in the Roentgen rays has enabled the careful and skillful applicator not only to avoid disagreeable burns, but also to make better discoveries of fractures and dislocations, the localization of bullets, and the mapping out of some of the soft tissues, both in health and disease.

Gall-stones, aneurisms, and the tumors of soft tissues as well as bone, are no longer elusive, but may be recognized by one skilled in the use of the instruments producing the X-rays. Improvements have also been made in the Roentgen rays not only of diagnostic import, but also of a valuable means of treating lupus and epithelioma, as many cases of the former and a reasonable number of the latter have been permanently cured by their use. When we reflect that cancer is alarmingly on the increase all over the civilized world, any method which makes possible an earlier diagnosis in some cases and supplies a means of successfully treating others is indeed an inestimable boon. Calculi in the lower third of the ureter can be located by the Roentgen rays and surgically removed, under the modern aseptic surgery.

Substantial advances have also been made in the past few years in the treatment of appendicitis and strangulated

hernia; the stomach has been successfully operated upon, ulcers being surgically treated in cases of alarming hemorrhage from the stomach, and cancers of the stomach are safely removed, aye, indeed, even the entire stomach. However, we are still impotent in the treatment of malignant neoplasms, tetanus, hydrophobia, anthrax, actinomycosis, and rapidly spreading gangrene.

The Modern Surgeon.—The modern surgeon is thus described by Dr. J. H. Carstens, of Michigan: "He must be a well-educated physician, must have been a general practitioner, and a good therapist. He must take up surgery early and gradually develop a surgical hand; he must have been an assistant to a first-class surgeon for at least a year, where he will see hundreds of operations of various kinds."

The Requirements of Modern Surgery.—The requirements of modern surgery Carstens summarizes as follows: "(1). A patient brought to the highest state of resistance to microbic influence of infection and made as clean as possible. (2). An operating room, preferably in a hospital, where everything has been made thoroughly sterile; this includes anesthetizers, assistants and nurses. (3). A surgeon with a mechanical hand, and has received a long and thorough training." Surgical dressings, sutures and ligatures, etc., used in the dressing of wounds are preferably prepared by experts in a well-equipped laboratory.

(To be continued.)

[Written for the MEDICAL BRIEF.]

How the Indians Cure Lock-Jaw— A Fact Intertwined With Romance and Therapeutics.

BY J. ZACHARY TAYLOR, M. D.,
Baltimore, Md.

About the year 1830, a promising young man left the eastern shore of Maryland to settle in the State of Missouri. At that time the migrating fever had set in, and many farmers and mechanics pulled up stakes in Maryland to make their homes in Indiana, Illinois and Missouri. Before making up his mind to leave home, he had gotten all ready to enter college, when an

unforeseen trouble overtook his father, who, in order to save his valuable estate from being sold for a security debt, which he had to pay, deprived the son of the cash with which to further his college course. Being energetic and ambitious to make name and reputation, he concluded that the best and quickest way to do so was to go West. So, bidding his parents and sweetheart an affectionate and loving good-bye, he mounted his horse and rode away. During his travel of many hundreds of miles he saw much that interested him, and met with no little rough experience.

When he entered the State of Kentucky, he sought out a rich uncle, and upon arriving at his place of residence was received with open arms. The uncle was so pleased with his nephew that he insisted upon his staying, promising him his fortune at death. This the nephew consented to do after long persuasion on the part of his uncle and aunt, the wife, as they were childless.

The first Sunday in the town he accompanied his uncle and aunt to church. He was told that an accomplished young lady would be there that they were more than anxious for him to see, and if favorably impressed to have him meet her. The services being over, the church-goers left the house of God for their respective homes, and in passing down one of the principal streets, his uncle pointed out the young lady in question, and while he was casting "sheep-eye glances" at her across the street, his feet slipped out from under him, and down into a cellar that was being dug out of red clay he went end over end. Imagine his chagrin and shame, when he crawled out, his nice black clothes covered over with red clay that had been made into a putty of mire by the rain that was then falling. Upon reaching the home of his uncle, he said that that was a bad omen, and he would remain no longer, but make a start for Missouri.

Finding the young man's mind made up, his uncle gave him a well filled purse, and the next morning he began his journey.

At a certain town, now a city, in the State of Missouri, he made up his mind to stop and begin the study of medicine, as he wished to become a physician. One

of the most successful physicians in this town was a half-breed Indian, and this young Marylander applied to him to be his instructor or preceptor.

This half-breed Indian doctor had had the advantages of good city schools, and had spent several years at a certain medical college and hospital. Leaving the college, he went back among the tribes of his own blood, to learn all he could that instinct and Nature had taught his people of successfully treating and curing diseases. With a storehouse of valuable knowledge gotten from his tribesmen, he felt that he was able to cope with competitors in the field of medicine, and leaving them he located in the rapidly growing town where our Eastern shore hero found him.

During the following year his preceptor, the half-breed Indian doctor, was assassinated in cold blood by an outlaw, and this put an end to the young Marylander's studies for the time being. But our young friend had learned much—much that physicians in Eastern cities would have esteemed with great favor and value.

Getting homesick and love-sick, he concluded to return to his native heath, the eastern shore of Maryland.

On his return trip, he called by to see his uncle, who gave him a purse of ten thousand dollars with the proposal that if he would come back to Kentucky and live he should be the sole heir to his fortune.

The young man is back on the Eastern shore, and his work is so marvelous that the whole territory learn of him and send for him from far and near. It is now that jealousy on the part of other physicians begins to show itself; for on more than one occasion he cured cases that were given up to die by other doctors.

Among the diseases that he learned to treat successfully from his Indian preceptor were dropsy, asthma, flux, lock-jaw, etc. In fact, the jealousy on the part of physicians was turned to hate, and one wonders now how he ever escaped assassination; but being a fearless fellow, as most all men are who ever lived on the frontier, he paid but little attention to his enemies.

There was a severe case of lock-jaw in his county, which had baffled the skill of all the doctors for many miles around, and they, after exhausting their skill, informed the owner of the old negro that he could not possibly live, and that death was only a question of a brief time.

The owner of the old darky had heard of the young doctor from the "West" and of his marvelous skill. He sent for him. He went in answer to the call and cured the negro slave. After this, so intense was the feeling against the young doctor by the physicians within knowledge of the fact, that they proposed to have him arraigned before the Circuit Court on the charge of "*being in league with the devil.*"

These physicians (and I am ashamed to tell it) had him cited to appear before the Court to defend himself. The physicians making the charge were highly educated and intelligent, and the Court was presided over by one of the most learned jurists in the State of Maryland. This citation to appear in Court on the charge of "*being in league with the devil,*" was made in the vain hope of compelling the young doctor to tell what he did to cure the old negro of lock-jaw. This procedure was rotten and base; for if the doctors had allowed their prejudices and jealousies to depart, and had gone to the young doctor in a professional and honorable manner, he would certainly have made known to them the secret; but after doing as they did, it so maddened the young doctor, and so irritated was he at their damnable treachery and indignant assault under cover of the courts, that he refused to even make known what he did to cure the lock-jaw, except to his wife, and she to me.

The doctor stood before the Court and gave his testimony. The old negro was called to tell what he knew and what was done by the doctor to cure him. Looking at the Judge and then at the young doctor that had cured him, he said: "Mistah Jedge and gemmen, de doctors who fust treated me sed I had to die—de doctor yonder (pointing to the young hero) he cued me, and telled me nebber to tell what him did, an ef I done tell it and should tuck sick agin, he wuld nebber tend me enny moah. Now den surs, ef you wuz in my fix, and had to die, and

annudder cumes long and saves your life un condishuns, wud you tell? Den surs, you may kill me befo' I'se tell what he dunn."

After viewing the facts in their proper light, the learned judge dismissed the case, and congratulated the young physician, telling him that this "was a land of the free and the brave, where he had as much right to practice medicine unmolested as any other physician in the land."

The physicians who were foolhardy enough to trump up such a charge in order to find out what had cured the old negro, were loudly denounced by the public, who had by this time taken sides with the hero of this true story. This court affair was the making of the young physician, and he actually killed himself from overwork before he reached the age of fifty-four years.

The hero of this story married one of the most beautiful and lovable young ladies on the Eastern shore, and raised up a family proud to refer to the days of his sufferings and triumph.

I am now at liberty to reveal the secret of cure that saved the old negro from death by lock-jaw. On arriving at the home of the negro, and after a careful examination of the case, he saw that no time should be lost. The first thing he did was to break out several of the front teeth of the old darky so as to get the medicine into him. This would not have to be done now, as we possess facilities of injecting medicines under and through the skin without resorting to the mouth. After breaking out his front teeth, he held the old darky's nose, and poured the medicine into his mouth, then slapping his hand over his mouth, in order to breathe, the old darky had to swallow.

The medicine consisted of lobelia tea and brandy, the selective action of which is easily understood by intelligent physicians, who know how lobelia affects a patient. After giving him a good sized dose of the above relaxant, he had him dipped into a large barrel of hot water (not hot enough to scald). Into this he was kept fifteen to thirty minutes, and then lifted out, laid flat on his face on a plank, the ends of which rested on two chairs, and a flannel doubled up several thicknesses was laid over his spine, and

this was ironed with a hot iron for half an hour at a time. If the first course failed to unlock the jaws, the same was repeated. Seldom the third trial was necessary. When the jaws unlocked, the treatment was kept up as the wisdom of the doctor felt was necessary to prevent a recurrence of the terrible disease. The lobelia, which relaxed the convulsed muscles, the hot water dip, and the ironing of the spine (the seat of reflexes), go to teach that if a better treatment, and a sure one, has ever been found, I would like to know it. From the time this secret was made known to this physician up to the time of his death, it never fell in his hands. Seventy-five years ago he brought the secret from the "West," and for the first time it is now public property.

545 N. Carey Street.

I enjoy the BRIEF very much, so please send it another year. Enclosed I send one dollar.—GEO. H. GRIMMELL, M. D., Jefferson, Iowa.

[Written for the MEDICAL BRIEF.]

Specific Treatment of Dropsy; or Anasarcin in Dropsy.

BY R. R. STOCKARD, A. M., M. D.,
Columbus, Miss.

Impelled by philanthropic motives and a sense of obligation to the profession for practical hints and clinical observations I direct (or invite) the attention of your readers to a new preparation called anasarcin, in the treatment of all forms of dropsy.

For the past three years I have been prescribing this combination of cardiac tonics, diuretics and eliminants in the treatment of that pathological complexity of morbid conditions (anatomical lesions and histological changes) which may cause edemas, ascites and general anasarca, with results very gratifying and well-nigh miraculous when compared with results under other plans.

My first experiment was made with a sample sent me by the manufacturers, in

Case 1.—Lucinda B., aged forty years, the wife of a negro farmer, the mother of fourteen children, became suddenly and

enormously bloated three weeks after the birth of a child. Her husband said: "She could not walk or lie down and that she looked a sight all over." I could not see her and did not think it mattered much, as I supposed she had either acute Bright's or some form of septicemia which would kill her in a few days, but I gave him a half box (thirty-five) anasarcin tablets with directions for one tablet every three hours beginning each day at noon (twelve, three, six and nine P. M.), followed by a drachm of magnesium sulph. in a tablespoonful of water next morning. Two weeks later she surprised me by a visit to my office, and when asked what had gone with her dropsy, replied: "Them brown buttons you sent me took it out of me." The completeness of her cure seems established by the birth of her fifteenth child during the next year.

Case 2.—Celia S., aged forty years, seamstress, gave history of what she called rheumatic grip in February, 1904, and before she got over that began to bloat all over, growing steadily worse under a doctor's treatment until the 10th of June, when her family lost faith in her attendant and had me called to see her. Found her propped bolt upright in bed breathing in a jerky, gasping way, much exhausted by loss of sleep and anorexia. Analysis showed only a trace of albumen. I gave them a favorable prognosis and began treatment with elaterium and comp. jalap powder followed by anasarcin tablets in the usual way; which latter was continued uninterrupted for six weeks, when she had so far recovered as to return to her regular work. She has since taken pomegranate for tape worm, bringing away the head, and is now apparently in good health.

Case 3.—W. L., a merchant, aged fifty-four years. Family history good, his health and habits had been good up to two years ago, when he began to drink, at first moderately, later to great excess. After a protracted debauch in February he complained of blindness, vertigo, acute pains in back and stomach, nausea and vomiting, and soon after began having convulsions, which recurred at short intervals throughout the night; his tongue was terribly bitten, his face was purple

and puffed, eyes injected and lips swollen. His heart's action was a tumultuous commotion. The liver and spleen hypertrophied and hardened, the abdomen tense and fluctuating, full of water, the legs pitting deeply on pressure. He was given five grains of calomel, one-quarter grain podophyllin, one grain elaterium, ten grains ipecac and opium pulvis in ten doses at intervals of two hours, followed by salts and seidlitz, after free catharsis, began anasarcin tablets, one every three hours, for three days, then reduced to three per diem for three weeks, by the end of which time he was able to resume business; he has continued well since with the exception of a slight edema, which disappeared promptly upon repetition of the anasarcin.

Case 4.—John H., a farmer, aged about sixty years, patient of a country physician, had been sick for several months, rheumatism, heart complications and general anasarca; had not been able to lie down for many weeks and had not been benefited by the ordinary remedies. On my advice he was given anasarcin treatment. The doctor reported to me that after three or four days he was sleeping comfortably, and two weeks later attended a barbecue, including heartily in Brunswick stew, pig and mutton.

This list might be extended to double the number reported, but the histories would be repetitions of the foregoing; those given are fairly typical and illustrative. The questions of scientific orthodoxy, official regularity and ethical propriety do not interest the poor people who in the extremity of desperate disease pray for relief, but they grasp at "the straw" of hope offered by any new remedy, whether out of the "books" or not. The peculiar effect of this combination, for it has effects which none of its constituents alone might be expected to produce, suggests a synergistic or correlative action between the parts producing a very potential whole. My only apology for the length and tedium of this article is my faith in anasarcin, and the hope that others may find in it a boon and blessing for a large class of unfortunate sufferers.

[Written for the MEDICAL BRIEF.]
The Electro-Static Machine.

BY J. L. CARTER, M. D.,
 Maxwell, Ky.

[Paper No. 2.]

In this short article I want to consider briefly the physiological action of static electricity in its various forms of application. I report a few of the many cases that have come under my care and treatment, a few cases by static insulation, a few by the static induced current, and a few by the wave current. Most of the



FIG. 2. The insulated table, crown breeze and various electrodes. Nos. 1 and 2, hand sponges; No. 3, two metal rectal electrodes; Nos. 4, 5, 6, 7 and 8, electrodes of wood for giving the "brush" discharge; No. 9, the metal ball for sparks; No. 10, single point spray; No. 11, chain holder; No. 12, multiple point spray; No. 13, massage roller.

writers on static electricity do not make their articles practical enough for the beginner, so in this paper I want to be practical.

What is the difference between static insulation (Fig. 3) wave current, and the static induced current? In static insulation we have our patient seated on an insulated platform, connected with one or the other of the prime conductors of the machine, and the other prime conductor

grounded or brought to zero by having direct ground connection. (See September BRIEF.) In this way the current accumulates on the platform, and the patient is enveloped in the current.

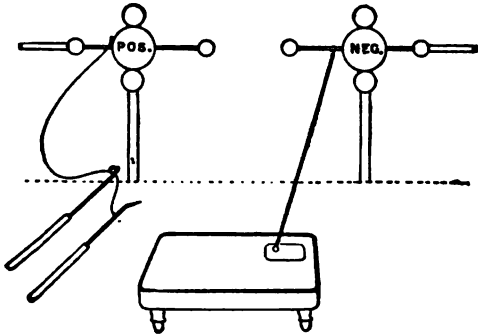


FIG. 3. Static insulation, patient seated on an insulated platform, one side of machine being connected to platform by means of the shepherd's "crook." The other side is grounded, or brought to zero by direct ground connection; the sliding poles are pulled out beyond sparking distance.

Many of the writers on static electricity lay great stress on the polarity, in other words, positive or negative. I do not lay claim to authority further than that gained by experience, and, after all, experience is what counts. I claim that for everyday use the physician need pay but little attention to which pole is used.

The Static Induced Current.—I claim that the Leyden jars are an important attachment to any static machine, some "authors" to the contrary notwithstanding. A Leyden jar is a glass bottle, nothing more or less, with a brass bottom for a base, a hard rubber or other insulated material stopper lined with tinfoil. The top of the jar is attached to the machine by a spiral wire passing from the insulated top of the jar. The base of the jar is attached to the base of the machine by an insulated wire to the binding posts. The jars are attached, the machine started, the sliding rods separated slightly, and with patient seated in a chair, not necessarily on the insulated platform, attached to each side of the machine. (See Fig. 4.)

We separate the poles of the machine one-sixteenth to one-half inch, and our patient is getting the static induced current, a current that has all the physiological effects of the Faradic coil. Hence, in

static insulation, the patient is treated on an insulated platform, which is essential, and the current accumulates on the platform.

In the induced current, the patient is not insulated, and the current accumulates or is condensed in the Leyden jars. By increase or decrease in the speed of the plates of the machine we can get all the gradations of a fine or coarse wire interruption.

The static induced current is a two-pole current, that is, both poles of the machine are attached to the patient by means of the electrodes covered with felt, sponges or wash leather, or the electrodes may be metal without coverings.

The "wave current" is a one-pole current, the patient being insulated and attached to one pole of the machine; the indifferent pole being grounded, the sliding poles all separated until a spark, or, in fact, a torrent of sparks pass between the discharge balls.

Now, briefly, I want to consider the physiological action, and the therapeutic indications of static electricity as applied

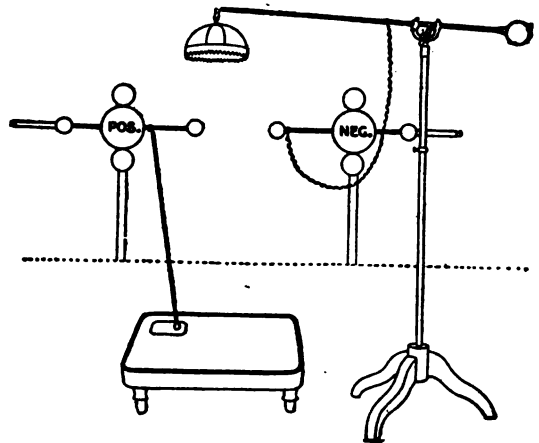


FIG. 4. Morton's "wave current," the patient is insulated to one side of the machine, attach a "Leyden jar." From the binding post of this jar running a wire to the ground, grounding that side. To the other side of the machine attach the "crook," and let patient hold other end, or attach an insulated cord to machine and to patient by means of a metallic electrode, stationary over the part to be treated, separate the rods until the patient gets all the current he can bear.

by static insulation, the induced current, and Snow's wave current.

We know that static electricity is extremely deficient in volume, but that it is endowed with very high potential.

Electrolytic alterations do not take place, but the physiological effects are chiefly modifications of the ordinary vital processes. Suppose we compare electricity with some of the forces with which we think we are familiar, viz., heat, light and sound, and see how closely they are related.

We are taught by scientists that electricity is a mode of motion or other manifestations of a very exceptional form of matter called the ether. In Neiswanger's "Electro-Therapeutic Practice," he refers to some of the properties of this ether: (1) "It permeates all bodies and pervades all known space, even to the most distant star. (2) It is affected by the matter of bodies of which it is." Neiswanger continues—but let us stop; if electricity is everywhere it must be in the human body.

It is by having this ether disturbed, slower for sounds than for light, that we are enabled to see an object, and hear sounds. If sound and light traveled with the same velocity, what a mixup, what a jumble, yet this ether has been disturbed. Now, we know that electricity travels much faster than light, hence, if we interrupt this invisible, unknown something that permeates all bodies, even the most distant star, do we not affect the human body that is brought near the source of the electrical supply?

All students of static electricity know that the great writers on this subject, Snow, Monell, Morton, Neiswanger and others do not fully explain to us how it is that static electricity benefits a patient further than to say that it is a great tonic, and the electro-static current with any of its modalities causes, first, a contraction, then a relaxing of the muscular and circulatory system, hence inflammatory products are carried away, and repair is hastened.

Hence, if I fail to explain its "modus operandi," I am in a measure excused. I have come to this opinion, also, as to how static electricity benefits a patient: if electricity permeates all bodies, it must be one of the vital forces; hence, if the human body is in a low state of nutrition, if it is retrograding from any cause, if there is a local or constitutional disturbance, why not stimulate this vital force

by bringing the body under the influence of a body heavily charged with electricity, and this is what we do when we treat our patients with static electricity by its various modalities.

Monell says: "Static electricity may increase, diminish, arrest, or otherwise modify the functional process of the body." It affects secretion, excretion, absorption, reflex action, sleep, respiration, circulation, and nutrition."

All of which any operator of an electro-static machine can verify. Hence, is not electricity a vital element of the body?

Now, as to the therapeutical indications of static electricity: The list of diseases in which it can be beneficially employed is a very long one. Its great fields are nervous and functional conditions. It is a great tonic in cases of malnutrition, rheumatism, hemorrhoids, paresis, chronic synovitis, muscular pain, stiff and inflamed joints, and, in fact, in almost all cases where the nutrition of the body is below par, we have no known tonic of greater benefit than a current from a well-built and skillfully operated electro-static machine.

In the beginning of this paper I intended to report a few cases, but space will not permit, but will promise in paper No. 3 to report a number of interesting cases.

Enclosed find one dollar for the good old BRIEF for 1905.—J. A. BANDY, M. D.,
Mingus, Mich.

[Written for the MEDICAL BRIEF.]

Fracture Box for Infant.

BY DRS. PENNEBAKER AND TRIPP.

Pleasant Hill, Ky.

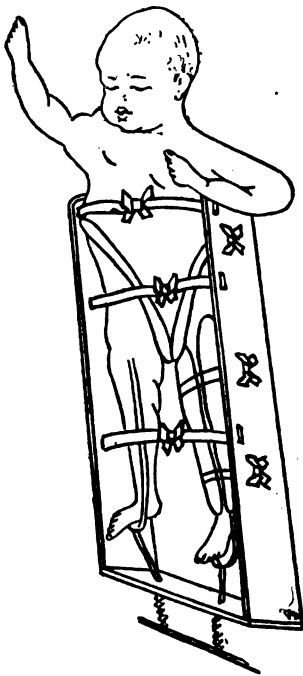
Fracture of the femur is always a fracture of gravity; occurring in the infant, it presents unusual difficulty in treatment. Our case occurred during the birth of a breech presentation, through the use of the blunt hook to expedite delivery, fearing asphyxiation of the child.

Dr. Edward L. Keyes, Jr., in the Reference Handbook of the Medical Sciences, says about this fracture: "For infants the best treatment is vertical suspension of both limbs, by adhesive plaster, etc., in

such manner that the hips rest but lightly on the bed. The position is not uncomfortable, the child can be kept clean, and satisfactory immobilization can be maintained."

Our device consists first of sole leather splints, moulded to the thigh and leg; plaster strips are first placed on the limb for purposes of extension. Chloroform is required to reduce the diastasis and properly adjust the splints, etc.

The fracture box is made of a piece of sole leather, with the sides turned up, of a width sufficient to receive the body of



Sole leather fracture box for fracture of femur in new born infant.

the infant, the same extending to the axilla; these should be sufficient length to allow for extension. The foot piece is made of a strip of wood, perforated for the rubber bands that make extension. The side pieces may be strengthened to prevent buckling, by riveting on wooden strips. These side parts are perforated for the necessary tapes and bands that make counter-extension, bind the fractured member, and join the two strips together by a restraining and retaining support.

The box is padded with cotton batting, the infant placed therein (the fracture being reduced and in the leather splints); plain rubber bands are passed through the stirrup of adhesive plaster, through the holes in the foot strip, and twisted to make extension. The perineal bands are well padded as they pass between the thighs, and fastened through the top perforations to make counter-extension. The fractured member in the splints is confined to the side of the box with suitable tapes; and the infant held in position by the bands that pass across laterally. The clothing is then placed over the infant and box, nothing being visible after the infant is dressed. The mother can soon make the adjustments, removing the infant, wholly or in part, to change or wash and dress it. After three weeks we put our infant in a spica plaster bandage.

This fracture box fulfills the indications as nearly as possible in the treatment of this fracture, viz., reduction, immobilization, extension and counter-extension, and is accessible at any time. It is difficult to prevent some irritation of the skin from the discharges.

[Written for the MEDICAL BRIEF.]

Marriage.

BY J. A. BURNETT, M. D.,
Pauline, Ark.

In adult life, marriage is a normal condition, and anyone who has fully reached the age of maturity and is not married, is not living a normal life.

"Star, registrar general of vital statistics for Scotland, declares his opinion that bachelor life was more destructive to males than the most unwholesome trade or the most unsanitary surroundings."

We find in Hebrews, thirteenth chapter and fourth verse: "Marriage is honourable in all and the bed undefiled: but whoremongers and adulterers God will judge."

No one can live a normal married life without issue, and no man or woman who does not desire children is a normal human being, and often the desire is not only for a child, but a child of a certain sex, and by obeying Nature's laws, both objects can be accomplished. In most instances, when a man and woman have

been married for several years, without issue, the cause is supposed to be that of the woman, but this is not always the case, and not as much so as it was several years ago, as it is now stated by good authority that most men, especially young men, have had gonorrhea, and in many instances when a man has swelled testicles from gonorrhea he never becomes the father of a child.

There is another disease—spermatorrhea, which was not a common disease several years ago, but now is a very ordinary complaint, and often it greatly diminishes the size of the testicles and weakens not only the sexual strength, but the patient's mental and physical strength also. When spermatorrhea takes place too often, or when the testicles have been greatly diminished by it, the semen will often be lacking in spermatozoa.

When a physician is consulted in regard to a childless couple they should, in all cases, examine the man as closely as the woman, and by so doing they will occasionally find the man at fault. And when this is the case it should, in all instances, be made known to the woman, and not, as is usually the case, kept a secret from her and make her believe she is at fault.

I have observed, by personal attention, that there are but a very few women who will live single very many years after they reach the age of puberty if they have a reasonable chance to get married; while men, for various reasons, put the matter off for several years. I have also noticed that women have a greater desire for children than men, and, in most instances, they more often have a choice of the sex which they desire their children to be. When a man or woman reaches mature adult age, and marries a suitable companion, they do not do what they should; they, in many ways, miss many of the joys of the world. The men become hoarse, and more often criminals; while the women will become melancholy, and more often insane. Physicians, in many instances, could give young men and women advice on marriage, and on selection of a suitable companion, which would be very profitable to them, for marriage will be a complete failure if the couple are not suitable to each other; and when the marriage is not congenial, it is justice that

they should have a divorce. No man and woman should be compelled to live together when their natures are not compatible. I will here state that on rare occasions a couple will get married and at the time of the marriage will be well suited to each other, while after living together for several years they will drift apart in various ways and are not any longer suitable for each other, and in such instances they should separate and get a divorce, while yet young and childless.

On the other hand, a couple may get married who are not well suited to each other, and after living together for several years, they will become suitable to each other.

[Written for the MEDICAL BRIEF.]

A Lost Catheter Regained.

BY E. S. BREESE, M. D.,
Dayton, Ohio.

I desire to report a case of unusual interest which came under my care some time ago. P. C., age sixty-nine, had been leading a catheter life two years. Condition otherwise fair, except debility of advancing years and occasional alcoholic debauches.

One afternoon he presented himself and stated that while attempting to catheterize himself he let the catheter pass into the bladder. A No. 10 silver prostatic catheter was passed, and turned gently from side to side. The resiliency of the lost instrument could be easily felt. No anesthetic was given, as the patient was partially under the influence of liquor. A lithotrite of medium size was passed without difficulty, and after three times opening and closing the instrument the foreign body was caught, two inches from the end, bent upon itself and withdrawn. It was a linen catheter No. 10.

Quinine, ten grains, and tincture of belladonna, ten drops, were administered, the patient put to bed, and external heat applied. A slight chill followed the same evening. After three days, the case was dismissed and allowed to resume his accustomed mode of living. The mild sequelæ were probably due to urethral tolerance.

628 North Main Street.

[Written for the MEDICAL BRIEF.]

The Modern Treatment of Pulmonary Tuberculosis.BY CARL SANDZEN, A. M., M. D.,
Kansas City, Mo.

Medical statistics show that at least one-eighth of all deaths in civilized countries, where records are kept, are caused by tuberculosis of the lungs.

The history of medicine, as far back as it gives the least reliable information, indicates the same *status rerum* since centuries back.

Pulmonary affections have always been considered grave, and medical science has fought this dreaded disease with all available weapons, but until the last one or two decades these have been very poor and inefficient.

The enemy had held the field of death as a victor more merciless than any. Time and again there has come a scientist who claimed to have discovered a powerful weapon against the foe, but we know how sad their defeat has been, when brought eye to eye with the destructor.

Modern bacteriology found the cause of tuberculosis, the tubercle bacillus. New hope arose, and when Koch came with his lymph many, even the doubters, dared hope for, if not a specific cure, at least something near it.

Suffering humanity labored under the impression that the most terrible of all diseases could be cured and controlled. What new hopes and still greater despair!

Since that time others have followed his steps, taking up his ideas, but we can hardly say that one of these has been entirely successful. Nevertheless, there is no cause for complete despair. Although we have found no specific cure against tuberculosis, we have at least gained knowledge by hundreds of years of defeat. We have learned to win by losing battles.

We said that bacteriology had discovered the cause of tuberculosis, viz.: a specific organism, a bacillus, but the real nature of the bacillary action has not been understood until lately. Bacilli act through their secretions, the so-called toxins. The germs can either be very virulent, that is, creating great masses

of substances of a certain chemical formula, or less virulent. It is, therefore, readily understood that not only the multitude of bacilli, but their virulence, is the cause of the severity of the attacks of the above mentioned disease, and all other diseases of bacterial origin.

The necessity of finding a germicide which would kill the germs without injuring the animal system was strongly impressed upon the scientist of yesterday, and many still adhere to this theory, but the latest, the scientist of to-day, is struggling for the solution of the problem of the neutralization or annihilation of the toxins secreted by the germs.

It would take us beyond the limits of this treatise to review or criticize those theories. There is, as yet, none worth mentioning in preference to the others. We know of no germicide powerful enough to kill germs without injuring the animal system. Many scientists have given us different hypotheses about the way Nature tries to dispose of the toxins, a special branch of *vis medicatrix naturæ*.

We will mention the two most likely, viz.: Metschnikoff's phagocyte theory, and the so-called chemical neutralization theory.

We have found that the animal system has a safeguard against the germs, and many other enemies in the ever-watchful and ever-ready-for-battle leucocytes. These little warriors fight their fierce battle against the invading enemies—the bacilli. Time does not allow us to speak of the phagocyte theory *in extenso*, however interesting it may be. Also the phagocytes, or bacilli-destroying or bacilli-eating leucocytes are our best defenders.

We have found that a strong, healthy constitution can, so to say, send a greater army against the intruders, the bacilli, and is, therefore, more able to destroy the germs and their toxins. This is, in short, the first mentioned hypothesis.

The other says: We know that the juices or secretions of the healthy body, and especially the pure blood, possess bactericidal properties. A strong constitution is also here considered the main factor in the fight against bacilli.

The final consequences of above reasoning is also to demonstrate that the strong, healthy body annihilates both the germs

and their toxic products better than the weak.

The axiom follows: Strengthen the body, in that way enabling it to withstand the attacks of the ever-present disease-producing bacilli. For building up of the body, sunshine and fresh air and proper nutrition are required. Without these necessities of life, health is impossible.

Science has shown that bacterial life can not exist, or is at least less vigorous in sunshine, light and exposure to oxygen. These discoveries have led to the understanding of the great importance of the inhalation of pure air by people affected with tuberculosis, and also to its importance in other diseases of the respiratory organs, which, as a rule, are combined with pulmonary tuberculosis. After these necessary preliminary excursions on the field of bacteriology and hygiene, let us draw our conclusions as how to best treat tuberculosis of the lungs, and guard humanity against such a dreadful enemy.

Fresh air, sunshine, proper food and medicinal aid against complications are all that is required. Let us now analyze, and see how to use above mentioned necessities. The general advice to a consumptive, or a person with "weak lungs," is: go to a better climate. It is true that this advice is good, but fresh air and sunshine can be had almost anywhere. There is a mistake concerning the necessity of proper climate for pulmonary tuberculosis. The dry, hot climate is the best, but is more necessary for sufferers from bronchial affections than real pulmonary tuberculosis. This must always be remembered. For an ordinary case of aforesaid lung disease, good fresh air is obtainable everywhere, except in some very damp locations. The truth of this statement has impressed itself upon many eminent physicians, who instead of, as before, sending their patients away, advise them to stay at home, but instruct them how to get enough fresh air and sunshine.

This constitutes what we now call the outdoor treatment of pulmonary tuberculosis. It can be safely carried out in many ways. Some erect a tent on a porch or in the back yard, and sleep there, well covered and well dressed, after undressing

in the house, in the evening, and dressing in the morning. The same result is certainly gained from sleeping in the house, with all the bed room windows open, only with sufficient protection against storm, snow, etc. Good ventilation can be arranged in many ways. The patient should stay outdoors as much as possible during the day, and should stay in the sunshine, not trying to protect any part of the body, except the eyes, from the beneficent rays of the sun.

I do not need to explain in detail how this should be carried out. Any inventive mind will find some ways and means.

A limited amount of exercise should be taken. I mean by limited that consideration should be taken to the strength of the patient. Overexertion is altogether forbidden. No person with fever should be allowed to be up and around. The bed is the only place for the fevering consumptive, but even in his bed he should have the advantage of fresh air and sunshine. Mild hardening of the skin, through cool, not too cold, washings of the whole body every morning in a warm room is desirable. There is very little danger of "catching cold," if properly handled. The food should be sufficient and good, but plain. One should never overburden the stomach with great quantities. It is better to take many small meals than a few heavy ones. Good rich milk, if necessary, sterilized, and fresh eggs, are the best food for a consumptive, and they should be taken in as large quantities as considered advisable to evade distress. If the milk goes against the patient, or causes any kind of dyspepsia, it is good to add a small amount (teaspoon to a tablespoonful) of good brandy or whisky to each glassful of milk. The eggs can be taken raw or soft boiled or scrambled, etc. Nobody should believe that eggs have such an enormous value that only a few can be taken without overfeeding. It is too old a mistake to be even mentioned. One-half dozen to one dozen a day is not too much.

No special food need to be forbidden, except in positively diagnosed diseases of the digestive organs. The day should begin and finish with some food, preferably milk, or milk and raw eggs.

Remember that increase in weight is a very favorable sign. The medical aid that can be given a patient is either symptomatic, or tending to work hand in hand with the feeding. We have no remedy which has any proved beneficial influence upon the disease itself.

The symptomatic treatment is, for example, expectorants in bronchitis, opium in excessive cough, bitter tonics in lacking appetite, hypnotics in sleeplessness, etc. Every physician knows that part of the treatment. The other part, or the so-called artificial feeding, is an important part in our days.

We have so many of these preparations that it is very hard to know what is good or not. I, for my part, have preferred the old time-honored cod-liver oil, given in some more pleasant way, as for example, the very palatable preparation put on the market by Waterbury Co. (Waterbury's cod-liver oil compound). It contains a considerable percentage of fat, and the admixture of creosote and gualacol make it a good expectorant. Many preparations might be very good, but every physician has, more or less, some favored preparation which has won his confidence by giving good results.

In the foregoing lines I have tried to shortly explain the "why" and "how" of the modern treatment of the most dreadful disease with which we have to deal in our everyday practice. I hope that some, if even the slightest, benefits will be derived from this expose. If so, it is not written in vain.

320 Rialto Building.

[Written for the MEDICAL BRIEF.]

Treatment of Pneumonia.

BY L. C. WASHBURN, M. D.,
Fort Myers, Fla.

I think I have written for your valuable work before, but as the season for pneumonia is here, too much can not be done for the cure of this most fatal malady. It comes on suddenly and is too well known to need description. It is characterized by high temperature, and fever, the pulse in adults about one hundred and twenty per minute, and respirations from twenty to thirty-five per minute in single pneu-

monia. I have treated double pneumonia, where the pulse was one hundred and eighty-five per minute, and the respirations eighty per minute, day and night for five days, the usual time to look for the crisis, and followed by complete recovery. I never saw a recovery where one could not cough, as the cough is Nature's effort to remove the sputa, and give the lung exercise, that the blood may circulate freely into all parts, to overcome obstruction and supply needed nourishment. I encourage the cough. I do not often find more than one physic required, and I prefer the improved comp. cathartic pills, seven or eight at a dose, which will cleanse the alimentary canal freely, while a small dose stirs up the poisons in the system without sufficient relief, and I give this early in the attack.

The medicine I rely upon most is lobelia. I give a saturated tincture of the seed, with brandy, once in three hours, just enough to slightly nauseate, and if the case is obstinate, or the lung about to become filled up and hepatized, I give lobelia with stimulants and aromatics, to produce free vomiting. The action and reaction of vomiting, while the system is relaxed, dislodges the sputa and obstruction. I give the emetic every day and sometimes twice a day, if the case is dangerous. I have abandoned blisters and rely upon stimulating liniments. Hot baths are of great importance. Quinine and hydrastis are good tonics. The lobelia is a great anodyne, as well as curative. The temperature and fever are Nature's efforts to cure, and the harder and faster the pulse the faster the system is eliminating. Sedatives and opiates are in all cases injurious. I have practiced medicine in Indiana, Missouri, Illinois and Florida over fifty years, and I do not think I had a mortality of two per cent, and I treated all cases called upon from three weeks old up to ninety-five years of age.

Please find enclosed one dollar for 1905. I find the MEDICAL BRIEF one of the best journals for ready reference for the busy practitioner. Success to the Editor and BRIEF. I have been in the harness for thirty-one years.—D. M. McKNIGHT, M. D., Okra, Indian Territory.

[Written for the MEDICAL BRIEF.]

An Interesting Obstetrical Case.BY J. W. BRYANT, M. D.,
Shamrock, Mo.

On the night of October 27th, last, I was called to attend a case of confinement, or rather, to look after the third stage of labor—delivery of the placenta. I reached the bedside at midnight, the child having been born at 6:40 in the evening. The patient was a large, rugged country woman, aged forty years, in her fourteenth confinement. She had never before been attended by a physician. Her cases had always before been “grannied.” The old grandmother who had been with her in twelve cases was now present—a woman seventy-seven years of age. The woman in confinement is what is called a “bleeder.” Her tendency to bleed had been further promoted by the “granny” breaking the cord. The bedding was simply saturated from the hemorrhage. There had been no after-pains. I made examination and found “hour-glass” contraction. There was great pallor of the face; no apparent pulse, either of the radial, temporal or carotid artery. Having just gotten up from a five-weeks’ attack of typhoid-malaria, I was too weak to undertake the forcible extraction of the placenta, and was afraid that if I administered chloroform, the woman would die under my hands. I had the family send for another physician—the nearest, ten miles away. I administered one-fourth grain morphia (guarded with one one-hundred-and-twentieth grain atropia) hypodermically. Then immediately commenced the hypodermic administration of one-fortieth grain strychnia sulph. every hour. At three A. M. the other physician arrived. He immediately began the forcible extraction of the placenta without the use of an anesthetic. After much difficulty the placenta was brought away in pieces. I remained with the patient until seven A. M., having kept up the strychnia treatment, lengthening its administration from two to four hours. Nourishment in the form of raw egg, milk and whisky was given from time to time. When I left the patient at seven o’clock A. M. there was no improvement in her

condition, except that the hemorrhage had ceased. I expected she would die, and notified her husband. I returned at 11:30 A. M., having been away four and one-half hours. There was no perceptible improvement. I visited another patient and returned at three P. M. A feeble pulse was perceptible, but not countable. I had with me on this trip a household syringe, and ordered a vaginal douching of hot water, and a flushing of the colon with a quart of saline solution. In the meantime, I had administered my dose of strychnia with each visit.

It was 8:30 P. M. when I made my third visit that day, and found that her pulse was distinct at one hundred and twenty per minute; temperature 99 3-5° F. Early on the morning of the 29th of October (third morning), temperature and pulse were the same. I ordered a vaginal douche, and another quart of the saline solution to be given per rectum. At eleven o’clock A. M., I got a hurry-up call to go and see my obstetrical patient. I reached her at noon, and found that from nine to ten that morning, she had had hard labor pains and had expelled two fragments of the placenta that had failed to be removed early the morning before. For this reason I call them labor pains, rather than after-pains. Pulse was still one hundred and twenty, temperature 100° F. Two drops of Norwood’s tincture were ordered given every four hours, and an occasional dose of migranda powder was given. Condition, in some respects, as regards temperature, had improved. No after-pains; no abdominal pains. Clots had ceased to pass after first day, and a slight colorless lochial discharge was present. I failed to see the patient on November 2d (seventh day), but early next morning was called on account of a fever having risen that night. I reached the patient at about seven A. M., and found her with a temperature of 104° F. Upon questioning, I learned that all treatment had been discontinued since my last visit, and that the husband had brought beer home for his wife. I again put her on Norwood’s tincture and migranda powder, and ordered the hot douche (antisepticalised with hydrag. chlo. cor.) twice a day. On November 4th (ninth day) the

pulse had come down to one hundred and eight, temperature 100 2-5° F. By the twelfth day of confinement no flow of milk had ever made its appearance; no abdominal pains had developed; pulse had come down to ninety-six; temperature 99° F. Excepting a constant headache, the patient has progressed to an uneventful recovery.

I report this case as one isolated from ordinary expectation; extraordinary resisting power, or tenacity, on the part of the woman. The profuse hemorrhage causing from a twelve to fourteen hours shock—the pains starting up on the second morning with such force as to expel the placental fragments, and lastly the power to still resist an invited attack of puerperal fever.

[Written for the MEDICAL BRIEF.]
To Old Doc.

BY Z. HOUSTON, M. D.,
Savannah, Mo.

Say, old fellow, it seems that I kind of know you. There is something familiar in your tone of voice and that old well-known therapy that recalls bygone days of success and failure, especially the latter. I, too, am getting along painfully close to that interesting period where the name of Old Doc catches me.

Now, Doc, if I am in error about a previous acquaintance I beg your pardon, but must do this in my plain and uncouth manner and trust that you will grant it in the same way. Taking all for granted, I want to regale you with some of my ideas of things, or rather exchange thoughts with you on things medical and surgical. When I hear you talking to the boys—as I sometimes do it reminds me of a few things I one time thought and later on had to unthink, many of them. Don't you remember the time (I know you do) when we got up out of bed, saddled a horse, slung on the old pill pockets, rode seven and eight miles through the blinding snow and rain to see Jack Billions' boy, whom his father said was about dead with a terrible pain across his bowels, and "jabben" him low down towards the right side? Do you remember how we dosed him with calomel, salts and oil until

hypercatharsis was induced, and we had the canal thoroughly cleansed from the morbid matter that had lodged in his system? Of course you do, Doc, you know it like a book.

We thought this plan the *ne plus ultra* of all therapeutical measures. But, Doc, after awhile some one found out that we had made a mistake. I guess we did, Doc. It was appendicitis, and then they went to work and cut the danged thing off, and that ended the frolic. Hospitals, science and red tape took our patients and left us nothing but the bellyache.

Well, Doc, after I left there I went and learned how the thing was done and then I done it myself. Now comes another innovation; just after I learned to do the operation for appendicitis someone started another fad that consisted in all the good pay patients insisting on having an appendectomy performed, and that lets me out. I do not know how the operation is done and my old wife says: "Zack (she always called me Zack), don't you have anything to do with it; it's only a scheme to get you to rush in where angels fear to tread, and then you will kill some one." No, Doc, I am staying out with you, my old friend, and my advice is to you, never attempt an appendectomy; it is dangerous. Doc, do you know how it comes that people are born with a vermiform appendix? Well, I will tell you, but I don't want to pose before the scientific world as anything but a poor, old, broken down country doctor. It is this way: Way back sometime prior to the Antediluvians—further back than that, I expect, don't know the exact date—when the people did not cook their grub and lived mostly on cereals, such as wheat, corn, oats, etc., and in eating this raw, they had to be provided with some kind of a receptacle to finish up the stuff so it would be fit to build up the system; therefore, the appendix. But this receptacle was of such dimensions that the average modern surgeon would have charged from one thousand to fifteen hundred dollars for its removal, even in the ordinary circumstanced individual. After a time cooking was introduced, and as there was much less need for the concern, it commenced to dwindle away until it has almost disappeared from the field of physiologic

action. Modern surgeons still are making an effort to hold up the price.

Now, Doc, I will not intrude further, but hope to meet you soon in the columns of the BRIEF.

[Written for the MEDICAL BRIEF.]

A Peculiar Case in Obstetrics.

BY C. C. WALKER, M. D.,
Dickens, Tex.

I have rather a peculiar case to report. On July 23d I was called out of town, about fifteen miles to see Mrs. J. C. H. On my arrival I found the lady in bed and very quiet. On inquiry I found she was about six and one-half months gone, as she called it, and that she was wasting some, but not much. She said she had same trouble a year ago, but at three months, and she begged me in the name of heaven to help her go to full term, as she had no children and wanted one. After getting a full history of the case, I prepared myself for an examination. On examination, I found the os and all the soft parts in a normal condition, and but very little hemorrhage; no pain, bowels and kidneys in good condition and general health good. I told her I would do all I could to carry her through, but had grave fears that a miscarriage was inevitable. I was satisfied that I had a case of placenta previa, on account of absence of pain. So I raised the foot of the bed, gave large doses of Hayden's comp. and aletris cordial rio; ordered her to keep quiet and move bowels with saline cathartics and also a teaspoonful of sanmetto every four hours. On leaving, I instructed the nurse to notify me at once. On the 25th I received a telephone message to come at once, as the hemorrhage had started up again. When I arrived, I found her still without pain, but some hemorrhage. I made an examination but found no dilatation of the os. I informed the lady and her husband that I must deliver her at once. She said, "No, doctor, the child is still alive." I told her it was dead, but she said she could feel it move, etc.

I prepared everything and administered chloroform and introduced my hand, rup-

turing the membrane, and in a few minutes the child was born, but dead, as I had said, and in a partial state of decomposition. I delivered the placenta, washed out the womb with bichloride sol. and instructed the nurse to do the same once daily. I kept up cordial and gave Dad's quinine pills four times daily, and I gave pepto manganese with iron and arsenic three times daily. All went well for fifteen days. The lady got up, ate heartily, bowels and kidneys acted well; flow remained normal up to fifteen days and paled away. But lo and behold! the worst was yet to come.

On the night of fifteenth day she was taken with pain in the left hip and down the leg, and leg began to swell to an enormous size. Here came another telephone message. I went and found her as described above, and as easy as she could be, cheerful and hopeful. She said she had milk leg. Said she had had it before and knew what it was. Temperature was 101½° F. I applied hot fomentations to leg, gave ethol in good doses; also used it externally and internally. I gave cactina pillets, two every two hours; one-sixtieth grain of strychnine every six hours; used a liniment composed of tinct. opii., tinct. camphor, creosote and olive oil. Kept up pepto manganese of iron (Gude's), and in ten days she was able to sit up and eat heartily. Swelling left the leg to a great extent. On the eleventh night she retired feeling very well, but in a few minutes she turned over in bed and said she was dying, and in ten minutes she was dead. She died easy, and the strange thing is, in two hours after she died her right leg was as large as the other and as black as midnight, and was soon in a state of decomposition, while the left leg changed but little.

I only mention a few of the remedies that were used; while a number of others were used. Is there anything strange about this case, or is it common? (not with me).

Please find enclosed one dollar for which send me the MEDICAL BRIEF for the year. I suppose I am one of your oldest subscribers. I think ever since it has been called the MEDICAL BRIEF.—J. B. MARTIN, M. D., Russellville, Mo.

[Written for the MEDICAL BRIEF.]

Unusual Case of Cirrhosis of the Liver.

BY W. E. PUTNAM, M. D.,

Surgeon-General State of Vermont,
Bennington, Vt.

I was called on December 17, 1899, to see J. P., a Dane, whom I learned had been a steady, and at times, heavy drinker of spirits in some form for forty years. He complained at the time of my first visit of a dull pain in the region of the liver, which was accompanied with symptoms of gastric catarrh. His complexion was sallow, and I was told he had fallen off in weight during the past few months. Urine contained traces of albumen and deposits of urates. At that time I warned him against the further use of alcohol in any form, and gave him a course of calomel and alkaline purgatives, which seemed to give temporary relief. Before long, however, the abdomen began to swell and continued to do so rapidly until in six weeks his breathing was much interfered with, the evident effusion being very large. Up to this time he did not go to bed (excepting at night) and aside from the discomfort of the ascites, did not suffer very much. On January 30, 1900, I first performed paracentesis abdominis upon him, drawing off forty-five pounds of acetic fluid. The patient remained in bed (under protest) for twenty-four hours, then got up and went to work in his garden. Next day he went down town and I think indulged rather freely in the "cup that cheers." Six weeks after that his abdomen was enormously distended with acetic fluid, and I removed the tremendous amount of fifty-one pounds.

He again remained in bed twenty-four hours, after which he got up and went down street, but did not indulge in the ardent. In the intervals between tapplings he was very comfortable until the abdominal distention began to interfere with his breathing and locomotion.

In the course of about nine months the dropsical effusion extended to the legs. Between the first operation and his death, eighteen months afterwards, I operated twenty times, taking away in all about

nine hundred pounds of acetic fluid. The unusual features of this case were the length of time he lived after first evidences of dropsy appeared (nearly eighteen months), the enormous amount of fluid removed, and the strength the patient manifested for some time after each tapping.

Towards the end gangrene took place in each foot. His remedies were largely mercurial alteratives and diuretics, with hydrochloric acid and charcoal for the flatulence which was quite troublesome at times. I have spoken of this case to several physicians and surgeons of prominence, none of whom had ever encountered one like it, especially in regard to the amount of fluid removed, and strength following operation.

It certainly stands alone in my experience. I would say here that this man had only been in the United States about a year, when first symptoms were noted, having come out at the age of sixty-five years to live with his daughter here.

Find enclosed one dollar for the MEDICAL BRIEF for the year. I can not afford to be without it. I wish you and all of the readers good health and good collections.—D. M. McKNIGHT, M. D., Okra, Indian Ter.

[Written for the MEDICAL BRIEF.]

Hydatidiform Moles.BY C. M. FENN., A. M., M. D.,
San Diego, Cal.

I am inclined to believe that these neoplasms are not as infrequent as Dr. Bushnell's interesting contribution to November BRIEF would seem to imply. At all events, I recall two cases that have occurred in my practice of about forty years.

In the first instance, Mrs. P. was supposed to be three months pregnant, when slight hemorrhages seemed to presage an abortion. Soon a mole about the size of an orange was expelled, which from the period of its growth was probably a mola carnosae. The entire amnion was destroyed and all other evidences of con-

ception obliterated. Her recovery was uneventful.

My second case was more formidable, and did not terminate until near the seventh month. Mrs. H., a young and plethoric primipara, had a husband well advanced toward middle life. As she had slight hemorrhage during the earlier months of her supposed pregnancy, and larger ones later, the symptoms seemed to portend a placenta previa. Then came small aggregations of the characteristic grape-like cysts, which cleared up the diagnosis.

As the cervix was soft and measurably dilated, I had no difficulty in introducing my hand, and bringing away a mass that quite filled a large chamber. As in the first instance, the embryo, if it ever existed, was entirely absorbed, as is sometimes the case. Recovery was rapid and complete, and a few months later was followed by a genuine conception.

Enclosed find check for one dollar. Can't do without the BRIEF.—R. B. HUDSON, M. D., Coupland, Texas.

[Written for the MEDICAL BRIEF.]

HILLSBORO, ORE., October 30, 1904.

Editor MEDICAL BRIEF:

DEAR SIR:—I have been in the country newspaper business for many years, and as a newspaper man have frequented many physicians' offices in quest of "dope" for the issue. In their offices I have noticed your BRIEF, and this evening two of our county seat doctors are out in the mud, on errands of mercy—and fees—and this fact led me to bestride the mule "Pegasus," and wander down the Pike. I enclose you the result, which is, perhaps, troubled with spinal meningitis. If you care to publish this as a matter of compliment to your thousands of country clientele over the United States, it would please me.

Yours truly,
L. A. LONG.

DER COUNTRY DOCTOR.

Who vos it klts oop in der night,
Und starts out by mein blace,
And drives along dot muddy roats,
Like he vos in dot race?

Der Doctor.

Who iss it, ven he klts out here,
Makes fast dot hoss so quivck,
Kicks at der hund, und den says, "Shon,
Vich vun der kids iss sick?"

Der Doctor.

Und den, I say, "It's not der kids,
Aber little Fraulein sweet;"
Shust den I fix a shair for him,
Dot he can varm hiss feet?

Der Doctor.

Who, den, alretty in an hour,
Says, "Shon, come see dot boy;
Alretty dot makes four you've got,
Koot-bel, I wish you joy?"

Der Doctor.

—L. A. Long, Editor, *The Argus Publishing Co.*, Hillsboro, Ore.

Enclosed you will find postal money order for one dollar for the MEDICAL BRIEF for another year. I feel lonesome without its regular monthly visits.—C. E. RUSSELL, M. D., Venus, Texas.

[Written for the MEDICAL BRIEF.]

Replies.

BY T. A. JONES, M. D.,
Selfs, Texas.

I will try to help in some queries of November. As to our dark-haired San Antonio friend, will say if he has the time and patience he can saturate a few hairs at a time (letting them dry well before coming in contact with rest of hair) with blondine H_2O_2 , which will turn saturated hair nearly white. I can not say as to the injury to hair so treated.

In answer to G. F. L. B., M. D., Texas, would say our friend was suffering from neurasthenia, and would suggest temperance sexually above all things, and sanmetto every four hours, teaspoonful for irritated sexual organs.

R Tinct. Nux.....1 drachm.
Pepsin Sach.....1 drachm.
Acid Hydrochloric.....1 drachm.
Aqua Pura.....q. s.....4 ounces.

M. Sig.: Teaspoonful after meals.

And one or two teaspoonfuls of neurilla before retiring at night, and plenty of nourishing food and outdoor exercise, but not to extent of fatigue.

Enclosed find one dollar. Send the BRIEF along. Can't do without it.—C. O. JENISON, M. D., Greenville, Mich.

Inquiry Department.

Catarrh in the Head.

QUESTION:—I have three cases of catarrh, which I will describe briefly, and will be glad to have some suggestions as to the best method of treatment.

Case 1.—Disease of ten years' standing. Mucous membrane and subjacent tissues of nasal chambers and accessory cavities have been affected to such an extent as to cause a disagreeable odor. Hearing is impaired. The ticking of a watch can not be heard further than twelve inches. Odor somewhat diminished of late, but hearing does not improve. Crusts form in the nose which are somewhat difficult to remove.

Case 2.—Disease of a few years' standing, much like number one, but up to the present hearing is perfect.

Case 3.—Disease seems to be the result of repeated colds, say two or three times a year. The saliva is much increased in flow in this case, so that patient has frequently to expectorate to relieve the mouth of accumulations made up principally of saliva and a very small amount of mucus. No crusts, nasal chambers moist. Hearing has been affected within the last few months. Can not hear further than fifteen or eighteen inches.

The physical condition of these three cases is otherwise excellent.

Washington, D. C. N. H. S., M. D.

ANSWER:—Remove crusts by using the nasal douche cup, which fill with warm water, and add a quarter of a teaspoonful of borax and thirty drops of glycerine. Follow the cleansing with an application, by means of a nasal swab, of a solution composed of one drachm fluid extract of hydrastis in two ounces each of glycerine and rose water. The throat, also, should be gargled with the above cleansing solution, and the pharynx touched with the hydrastis mixture.

Use whatever constitutional treatment may seem indicated—cod-liver oil, malt extract, iron, hypophosphites, iodine derivatives, etc. Diminished vitality is present in all cases. It may be want of elimination, anemia, a perversion of circulation or innervation. Look up the leak and patch it as best you can.

Case 2 may be treated on the same plan. Do the best you can for them in a hygienic way. See that they are warmly and suitably dressed in every particular, that the rooms they occupy are well-ventilated,

that they exercise regularly, and do not eat indigestible food, etc.

In *Case 3*, suggest that you give her one one-hundredth grain strychnine sulphate three times daily for about ten days to control the excessive secretion of saliva. Precede same by a laxative dose of citrate of magnesia.—Ed.

Chronic Diarrhea.

QUESTION:—Have been treating a very troublesome case of chronic diarrhea, with dysenteric discharges. Have at last got the flux stopped, but the patient is very much reduced in weight, and very feeble. Hands and feet cold all the time, breathless on the least exertion. Spends most of the time in a reclining posture. A hacking cough causes considerable uneasiness, as consumption runs in the family.

What is the best way to build this patient up? I am young in the practice, and anxious to make a success of this case.

Ky.

M. S., M. D.

ANSWER:—Put him on syrupus roborsans, a teaspoonful three times daily, then exert all your skill and knowledge on the feeding problem. Milk enters into the preparation of many simple and nourishing dishes, honey, chocolate, rice, baked bananas and apples, animal jellies, cup custard, sweetbreads, bone marrow, Burnham's clam bouillon, Colden's liquid beef, trophinine, etc. The tenderloin of steak ground and broiled. No grease, no made dishes nor sweets, except honey and chocolate. A very little old apple brandy used purely as a medicine, is of service in some cases, warming the stomach, and making the circulation more active.

See that the patient wears wool next to the skin, and is warmly shod. The living-room should be well-ventilated, and warm.—Ed.

Pruritus Vulvæ.

QUESTION:—Kindly give me a remedy to stop the terrible itching in pruritus vulvæ. Is internal medication of any benefit in this condition?

Ohio.

M. P., M. D.

ANSWER:—Keeping the parts clean with a weak solution of borax, and making a free application of resinol will relieve a mild case. A deranged liver, kidneys, or skin, may be causing the trouble, in which case remedies to remove the diseased states of these organs would naturally

benefit the pruritus. Pruritus accompanies jaundice, and is often present in albuminuria, lithemia, and diabetes. A leucorrhœa is responsible for vulval and anal pruritus in many cases, and relief follows checking of the discharge. Abuse of tea, coffee, opium, etc., causes pruritus in a percentage of cases.

Ten-drop doses of cannabis indica in water, three times daily, after meals, gradually running up to thirty drops, is well spoken of by some, but is very uncertain in its action. The internal use of chionia and aletris cordial rio, equal parts, teaspoonful thrice a day, and the local application of diluted listerine, often produce satisfactory results.—Ed.

Syphilis.

QUESTION:—An Oklahoma correspondent wants to know whether soft chancre ever produces constitutional or secondary syphilis. He says that some claim the affirmative, while all recent works deny that constitutional trouble ever follows soft chancre. He further inquires whether a patient who has remained free from secondary manifestations for six months after exposure to possible infection may be pronounced free from the disease.

ANSWER:—We should be glad to have the views of the profession on these points. We should think it possible that a mild degree of sepsis or cachexia might follow soft chancre, but not true syphilis, as syphilis is a distinct disease. Ordinarily we would say that six months' exemption from all secondary symptoms of whatsoever kind, would entitle a man to be considered free from the disease.—Ed.

Articular Rheumatism.

QUESTION:—Last winter had a very obstinate case of articular rheumatism in a young woman, school teacher, aged twenty-seven. Finally got the disease under control. Has no more pain, and is able to go about and attend to her duties, though still weak. Appetite and digestion are picking up, and she seems to be going on favorably except that the hands, feet and legs are still swollen, and the flesh, while it is of a good color, is not firm. This swelling increases markedly with every change in the weather. What can I give her to relieve this dropsical tendency?

New York.

T. H., M. D.

ANSWER:—Anasarca might help you out in this case. Fluid extract apocynum cannabinum, three to five drops every three hours, is a useful remedy to correct

edema and dropsy. Also give an iron tonic. Tilden's hydrocyanate of iron is a good preparation—one tablet three or four times a day. Ovoferrin is another preparation easily assimilated.

Systematic rest and a certain amount of recreation should be insisted on, otherwise the habits and diet must be of the simplest. See that she is warmly dressed and suitably protected from the weather. So many young women neglect themselves in these particulars.

Recovery from rheumatism is a slow matter, requiring watchfulness and great care to eradicate every trace of the disease.—Ed.

Hook Worms—Pertussis.

QUESTION:—Please tell us something about hook worms, diagnosis, treatment, etc.

Do you know any specific for pertussis?

Can not get along without the BRIEF.

Oakvale, Miss.

J. J. STRINGER, M. D.

ANSWER:—Will some one who has had practical experience with the disease respond to the Doctor's inquiry for information concerning the hook-worm?

In regard to pertussis, you will find a preparation made from the fresh leaves of *castanea vesca* (chestnut) efficacious in the treatment of this disease. Bromides also have their value. Belladonna is liked by many. Inhalations of vaporesoline and of sulphur vapor in many cases greatly mitigates the paroxysms.—Ed.

Urinary Difficulty.

QUESTION:—I write you for some information in the case of a woman who has been sick for a long time. Had typhoid fever three years ago, got up, but soon developed something like abscess of the bowels, but improved on remedies directed to the liver—arsenic, etc.

After this she suffered from polyuria for a time.

The principal symptoms are now as follows: The urine has a deposit, whitish in color, and of salty taste. After the menstrual flow the urine is very scant for some days, and there is a burning that appears to go to the bone, and also of the entire skin. The urine has a bluish, greasy scum over it.

Will the BRIEF readers and Editor please consider this case, and give me some light on it?

Rusk, N. C.

E. B. HAMPTON, M. D.

ANSWER:—Would put this patient on a diet consisting of vichy and milk, a little rice, calves' foot jelly, chicken broth, and

similar non-stimulating, easily-digested articles. Use no condiments, sauces, etc.

Make a trial of lithiated hydrangea, teaspoonful three times a day before meals for three or four weeks. Flush the bowels out occasionally with citrate of magnesia. Gray's glycerine tonic may be of assistance in building her up.

The California sylmar olive oil, one or two teaspoonfuls, in the morning, half an hour before breakfast, may be of some use if the patient can take it.—Ed.

Sciatica.

QUESTION:—Man, aged forty-seven, complains of continuous pain of a dull, aching character along the course of right sciatic nerve. Has suffered a good deal from rheumatism off and on. Heart appears to be normal. Appetite good, digestion fair, suffers a good deal from constipation. Is able to walk short distances with the aid of a cane, but the pain is always worse after exertion, and he fears he will be reduced to the use of a wheel chair.

Editor, please give treatment for this case, and would like to hear from any of the brethren experienced in similar cases.

N. J.

H. G., M. D.

ANSWER:—We believe this case would be benefited by the use of tongaline, a teaspoonful three times daily, given in conjunction with Lloyd's macrotys, three to five drops every two or three hours.

A partial impaction of the bowel and intestinal flatulence may cause sciatica. If these conditions are present, regulate the diet, cutting out saccharine and starchy matter to a large extent, and evacuate the bowels by means of saline laxatives and high enemas. Bear in mind the assistance afforded by round doses of strychnine where there is a pronounced degree of intestinal torpidity.

A hot salt pack for the leg is helpful in many cases. Marigol liniment is a good application for neuralgic nerves.—Ed.

Diarrhea With Night Sweats.

QUESTION:—Would like some assistance in a bad case of chronic diarrhea, with night sweats. What will be the best diet for this patient?

Mass.

L. S., M. D.

ANSWER:—First purge him well with epsom salts. Then give one one-hundredth grain strychnine sulphate three times a

day, and use tannalbin (Merck) to restore tone to the intestinal mucous membrane. If the character of the discharges indicates that there is something wrong with the liver, add a reliable hepatic regulator to the treatment.

If the sweats persist under this treatment, take a few drops of dark pinus canadensis on going to bed.

As to diet, milk and its preparations, koumys, soft-boiled rice, chicken broth, egg-nog, Eskay's albumenized food, panopepton, and other therapeutic foods will assist you in nourishing the patient without unduly taxing the digestive powers. All the food taken should be soft and bland. Sometimes the medicinal use of a little old apple brandy, in tablespoonful doses, after eating, is of great help.—Ed.

Asthma.

QUESTION:—Will you please give me a good recipe for asthma? I have a patient who is badly afflicted, and on whom I have tried all available remedies, but without much success.

FRANCIS J. HORSTMANN, M. D.

Bancroft, Iowa.

ANSWER:—Asthma is a very unsatisfactory disease to treat. The following mixture has given a considerable measure of success:

R. Tinct. Lobelia.....1 to 2 ounces.
Ext. Yerbæ Santæ Fl.....3 ounces.
Ext. Glycerrhizæ Fl. } q. s. ad. 8 ounces.
Glycerlinf.....

M. Sig.: Teaspoonful three or four times daily.

Give in conjunction three-grain doses of ammonium iodide. Keep bowels open, diet carefully, hygiene should be of the best. Regular but very gentle exercise. Respiton has been used with satisfactory results in some cases, teaspoonful four times a day.—Ed.

Dandruff.

QUESTION:—What will cure a persistent case of dandruff, seborrhea sicca? The various so-called specifics recommended for this purpose are practically worthless.

New York.

A. LANG, M. D.

ANSWER:—Make a saturated solution of boracic acid in a half-pint of rose water, and add a half-ounce of glycerine, and seven and one-half ounces of listerine. Apply every other day, wetting the scalp well, and rub around the roots of the hair gently.—Ed.

Prostatic Disease.

QUESTION:—Please give me, in next BRIEF, your treatment for a case of prostatic trouble exhibiting the symptoms described by Dr. J. Leland Boogher in his contribution to October BRIEF. The patient complains a great deal of backache low down.

Mich.

J. C., M. D.

ANSWER:—First relieve the spinal ache and debility by means of the following mixture:

R Ext. Eupatorell Purpur. Fl.....4 ounces.
Ext. Viburn. Op. Fl.....2 ounces.
Ext. Hydrastis Can. Fl.....2 ounces.
M. Sig.: Teaspoonful every four hours.

Follow this medication up with san-metto, in teaspoonful doses, four times a day.

Good habits should be observed in all respects; indigestion and constipation avoided.—ED.

Lengthening the Body.

QUESTION:—I have a question to ask through the MEDICAL BRIEF in regard to the growth of the bones. Some short people would like to be an inch or two taller, and believe that this can be accomplished by stretching the body, and manipulating it with an instrument.

In the English army a method has been resorted to of manipulating the dorsal vertebrae with an instrument to gain a half-inch or more in order to pass muster.

I do not think this is practical. The bone must receive some injury through this treatment; perhaps the whole body suffers.

Let us have some light on this.

West Lynn, Mass. E. F. Joos, M. D.

Burns.

QUESTION:—What is the best dressing for burns? Glad to hear from any one on this point.

Neb.

H. P., M. D.

ANSWER:—Dark pinus canadensis, and unguentine, are both fine applications for inflamed surfaces, whether the result of a burn or of disease.—ED.

Enclosed find one dollar for the MEDICAL BRIEF. It is the best journal that I take.—M. E. STANLEY, M. D., Olmstead, Ark.

To those who have already subscribed for 1905, we take this opportunity to express our thanks.

[Written for the MEDICAL BRIEF.]

Tape Worm—Simple But Effectual Remedy.

BY C. HENRY WHITING, M. D.,
Elgin, Ill.

This very annoying and distressing monster has been removed in many ways.

In several cases of the removal of tape worm I have used the following remedy with success: A patient of mine, Mr. J. F. L——, forty-five years old, called at my office; he had suffered for ten years with a tape worm. He had tried spirits of turpentine, pumpkin seeds, castor oil, valerian bark, pomegranate root, but could only pass a few feet of the worm. The worm often caused a distressing sickness of the stomach; he would sometimes vomit blood and be taken suddenly ill, especially while walking. His appetite was very copious, being at times good, and then poor for months; sickness, vomiting, great pains in the chest, stomach and side, also in the bowels; dizziness, dimness of the eyes. His general health bad. I prescribed iron filings, such as are obtained at blacksmith shop—to take two tablespoonfuls, add molasses two ounces, mix and to take one-half teaspoonful twice a day (at night); to eat no supper or breakfast. For a purgative I gave mandrake. In less than forty-eight hours he passed a tape worm one hundred and twenty-five feet long. He immediately recovered and has since regained his health, and there is no evidence of any remaining. When once a tape worm begins to pass the bowels care must be taken not to break it off, for it will grow again. It has this peculiar property. But he got out, head and tail.

This year the lines of articles in the BRIEF will number many of the leading medical authors. Renew now and get them all.

Enclosed find one dollar for the MEDICAL BRIEF for another year. I take some eight different medical journals and think the BRIEF is the best of all. Shall continue to take it as long as I am in practice.—C. W. HOAG, M. D., Weir, Kan.

Book Notices.

TEXT-BOOK OF HUMAN PHYSIOLOGY. Including Histology and Microscopical Anatomy, with Especial Reference to the Practice of Medicine. By Dr. L. Landois, Professor of Physiology and Director of Physiological Institute in The University of Greifswald. Tenth revised and enlarged edition. Edited by Albert P. Brubaker, M. D., Professor of Physiology and Hygiene in the Jefferson Medical College, etc. Translated by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. With three hundred and ninety-four illustrations. Philadelphia: P. Blakiston's Son & Co. Price, \$7.00.

The great success that has attended this work stamps it as a necessity to student and practitioner. It is a guide which conducts the student from the physiological laboratory to the work of the clinician. Send for a copy.

A TREATISE ON BRIGHT'S DISEASE AND DIABETES. With Especial Reference to Pathology and Therapeutics. By James Tyson, M. D., Professor of Medicine in the University of Pennsylvania, etc. Second edition. Illustrated. Including a Section on the Ocular Changes in Bright's Disease and in Diabetes. By George E. de Schweinitz, M. D., Professor of Ophthalmology in the University of Pennsylvania, etc. Philadelphia: P. Blakiston's Son & Co. Price, \$4.00.

The unsettled state of the pathology and etiology of diabetes makes the latter subject difficult to treat satisfactorily, but pains have been taken to present clearly the different conditions under which the symptoms arise, in order that they may be recognized and such conclusions drawn as to their origin as may be justified.

CLINICAL PATHOLOGY OF THE BLOOD. A Treatise on the General Principles and Special Applications of Hematology. By James Ewing, A. M., M. D., Professor of Pathology in Cornell University Medical College, New York City. Second edition, revised and enlarged. Illustrated with forty-three engravings and eighteen colored plates drawn by the author. New York: Lea Brothers & Co. Price, \$3.50.

There has been rapid advance made in a knowledge of the pathology of the blood and the application of this knowledge requires a thorough reading on the subject.

HYDE AND MONTGOMERY ON THE SKIN. A Practical Treatise on Diseases of the Skin, for the Use of Students and Practitioners. By James Nevins Hyde, M. D., Professor of Dermatology and Venereal Diseases, and Frank H. Montgomery, Associate Professor of Dermatology and Venereal Diseases in Rush Medical College, Chicago. Seventh and revised edition. In one octavo volume of nine hundred and thirty-eight pages, with one hundred and seven engravings and thirty-five plates in colors and monochrome. Price, cloth, \$4.50; leather, \$5.50. Philadelphia and New York: Lea Brothers & Co.

This work is no doubt familiar to you, since it has long enjoyed the greatest popularity among the profession, but we specially invite your attention to this edition because it presents such marked improvements as to render it practically a new work.

THE ROENTGEN RAYS IN THERAPEUTICS AND DIAGNOSIS. By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B. S., Director of the Edward N. Gibbs' Memorial X-Ray Laboratory of the University and Bellevue Hospital Medical College, New York. Philadelphia: W. B. Saunders & Co. Price, Cloth, \$4.50; Sheep, \$5.50.

Everything of value in X-ray methods is given in a concise way, and it will be found invaluable, not only to the general practitioner, but also the specialist. The diagnostic features alone are a revelation.

THE SURGICAL TREATMENT OF BRIGHT'S DISEASE. By George M. Edebohlis, A. M., M. D., LL. D., Professor of the Diseases of Women in the New York Post-Graduate School and Hospital, etc., etc. New York: Frank F. Lissiecki, Publisher. Price, \$2.00.

The surgical treatment of Bright's disease is certainly a modern method, and even now many questions relating thereto await solution, yet the author has given you enough material in his work to meet the demands of all who seek information.

HEALTH, STRENGTH AND POWER. By Dudley Allen Sargent, A. M., Sc. D., M. D., Director of Hemenway Gymnasium, Harvard University. Illustrated. New York and Boston: H. M. Caldwell Co., Publishers. Price, \$1.75.

Dr. Sargent has a world-wide reputation as the recognized authority on physical culture. His exercising machines, inventions, etc., have been in use for years in

every public or private gymnasium. He has been gradually developing a system of exercises, without apparatus, for physical development which would appeal to the people in general, so that this work marks a distinct advance in the science. This appeals to all persons.

MANUAL OF MEDICINE. By Thomas Kirkpatrick Monro, M. A., M. D., Fellow of and Examiner to the Faculty of Physicians and Surgeons, Glasgow; Physician to Glasgow Royal Infirmary, and Professor of Medicine in St. Mungo's College; formerly examiner in the University of Glasgow, and Pathologist to the Victoria Infirmary. London: Balliere, Tindall & Cox. Philadelphia and New York: W. B. Saunders & Co. Price, \$5.00.

This is the most complete work of the day for the use of students, as it covers the grounds almost as comprehensively as many of the text-books.

STRABISMUS OR SQUINT. Latent and Fixed. A Supplement to the Errors of Refraction. By Francis Valk, M. D., Professor of Diseases of the Eye, New York Post-Graduate School and Hospital; Consulting Ophthalmologist, Thrall Hospital, etc. New York and London: G. P. Putnam's Sons. Price, \$1.75.

The author of this work, being a contributor to the pages of the *BRIEF*, needs no further introduction as to his capabilities as a sound and convincing writer on his specialty. We commend the work.

THE SCIENCE AND PHILOSOPHY OF LIFE. To Live to Attain to the Development of Our Higher Powers and Faculties, That we May Come Into the Possession of Fullness of Peace and Plenty, of Abounding Health and Happiness Here, and a Never-Ending Eternity of Joy Hereafter. By Edward H. Cowles, D. P., Principal of the Portland Institute of Psychology. To Live to Learn, to Do, to Love, to Have and to Enjoy. Palermo, Cal.: Alta Vista Psychological Sanitarium. Price, \$1.00.

The above statement will give you a good scope of this work, and we believe it well worth reading.

DISEASE OF THE PANCREAS. Its Cause and Nature. By Eugene L. Ople, M. D., Associate in Pathology in the Johns Hopkins University; Fellow in the Rockefeller Institute of Medical Research. Philadelphia and London: J. B. Lippincott Co. Price, \$3.00.

The practical information in regard to diseases of the pancreas and its cause and nature has not been, heretofore, fully

given in any work; therefore, it seems that this work is a necessity, in a diagnostic sense, while the treatment is up to date.

STATE BOARD EXAMINATION SERIES. Questions in Anatomy Asked at the Examinations Held by the New York State Board of Medical Examiners, Complete, with References and Answers to Every Question. Compiled and edited by R. J. E. Scott, A. M., M. D., B. C. L., Attending Physician Bellevue Dispensary, and Attending Gynecologist Demilt Dispensary, New York. New York and Philadelphia: Lea Brothers & Co. Price,

This series of works should commend themselves to all students and physicians who expect to undergo the ordeal of an examination, and also all physicians who wish to polish off the rust of long standing. The series will be complete and act as a quiz from a practical standpoint. The actual questions and answers used by the State Board, based on Gray.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Comprising ten volumes on the year's progress in Medicine and Surgery. Issued monthly, under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. VIII, *Materia Medica and Therapeutics, Preventive Medicine, Climatology, Suggestive Therapeutics and Forensic Medicine*. Vol. IX, *Physiology, Pathology, Bacteriology, Anatomy, Dictionary*. Vol. X, *Skin and Venereal Diseases, Nervous and Mental Diseases*. Chicago: The Year Book Publishers. Price, per volume, \$1.00; for series of ten volumes, \$5.50, advance.

These are July, August and September issues of a most valuable series on medical progress. Do not miss getting these volumes, as they comprise a valuable addition to any library.

REFRACTION AND HOW TO REFRACT. Including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eye-Glasses, etc. By James Thorington, A. M., M. D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. Third edition. Two hundred and fifteen illustrations, thirteen of which are colored. Philadelphia: P. Blakiston's Son & Co. Price, \$1.50.

This is a very clear and concise work on the subject, and while this is the third large edition, one edition had to be duplicated. It is very popular.

THE URINE, and Clinical Chemistry of the Gastric Contents, the Common Poisons, and Milk. By J. W. Holland, M. D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College of Philadelphia. Forty-one illustrations. Seventh edition. Revised and enlarged. Philadelphia: P. Blakiston's Son & Co. Price, \$1.00.

This work should be in the library of every physician owing to its thoroughness along the lines mentioned in the title.

HANDBOOK OF PHYSIOLOGY (KIRKE'S). Revised by Frederick C. Bush, B. S., M. D., Professor of Physiology, Medical Department, University of Buffalo. Fifth American Revision. Thoroughly Revised to Conform to Advances in the Various Fields of Physiology. Five hundred and thirty-five illustrations, including many in colors. New York: William Wood & Co. Price, muslin, \$3.00; sheep, \$3.75.

Words from us would be superfluous in describing this work to our American friends, so we will only call your attention to this thoroughly revised edition.

A MANUAL OF OBSTETRICS. By A. F. A. King, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. Ninth edition. Revised and enlarged. With two hundred and seventy-five illustrations. Philadelphia and New York: Lea Brothers & Co. Price, \$2.50.

The principal thing in a work on medical subjects is to be thorough and precise. This work of Dr. King's fully meets these views.

THE PHYSIOLOGICAL FEEDING OF INFANTS. A Practical Handbook of Infant Feeding, and key to the "Physiological Nursery Chart." By Eric Pritchard, M. A., M. D. (Oxon.), M. R. C. P. (Lond.) Second edition. Greatly enlarged and entirely rewritten. Chicago: W. T. Keener & Co., Publishers. Price, \$1.50.

In infant feeding there can be no fixed rules, as every case must be judged on its own merits and the food adapted to the physiological requirements of the individual baby.

FACTS ABOUT VIOLINS AND VIOLIN MAKING. By Hans Tietgen. Price, 25 cents.

To any musician, this little booklet on violins is very interesting, and contains many facts. If any instrument is out of order this is the very best place to send it to. 52 Union Square, New York City.

LECTURES TO GENERAL PRACTITIONERS ON THE DISEASES OF THE STOMACH AND INTESTINES, as well as the Allied and Resultant Conditions. With Modern Methods of Diagnosis and Treatment. By Boardman Reed, M. D., Philadelphia, Pa., Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology, in the Department of Medicine of Temple College, Philadelphia, etc. Illustrated. New York: E. B. Treat & Co. Price, cloth, \$5.00; morocco, \$6.00.

Dr. Reed's work is better fitted to the needs of the general practitioner than any work it has been our pleasure to receive to date. All the newer methods of diagnosis and treatment are given.

PRACTICAL ELECTRO-THERAPEUTICS. By Franklin B. Gottschalk, M. D., Professor of Diseases of Children at Jenner Medical College; Attending Physician German-American Hospital; Assistant to Chair of General Medicine, Chicago Polyclinic; Member of American Medical Association; Chicago Medical Society, etc. Chicago. T. Elsie, Publisher. Price, \$3.50.

This work contains 325 pages and 200 illustrations, mostly original. The technique being so well presented that the student and practitioner will find it extremely thorough.

A TEXT-BOOK OF HISTOLOGY. By Frederick R. Bailey, A. M., M. D., Adjunct Professor of Normal Histology, College of Physicians and Surgeons, Medical Department, Columbia University, New York City. Profusely illustrated. New York: William Wood & Co. Price, \$3.00.

The text of this work has been made as concise as possible, consistent with clearness, and the more essential elements stand out in a manner to give uniformity, so that it is clear and of great value for class-room teaching.

AMERICAN EDITION OF NOTHNAGEL'S PRACTICE. DISEASES OF THE INTESTINES AND PERITONEUM. By Dr. Hermann Nothnagel, of Vienna. The entire volume edited, with additions, by Humphrey D. Rolleston, M. D., F. R. C. P., Physician to St. George's Hospital, London, England. Octavo volume of one thousand and thirty-two pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, \$5.00; half morocco, \$6.00.

This new volume in Saunder's American edition of Nothnagel's Practice is the eighth to be issued, and appearing within two months after the publication

of the volume on tuberculosis, gives evidence that the publishers intend completing the series at an early date. This, one of the most valuable volumes in the series, is by the famous clinician, Dr. Hermann Nothnagel himself, and is as exhaustive as it is practical.

DISEASES OF THE INTESTINES. A text-book for Practitioners and Students of Medicine. By Max Einhorn, M. D., Professor of Medicine at the New York Post-Graduate Medical School and Hospital, and Visiting Physician at the German Hospital, New York. Second revised edition. New York: William Wood & Co. Price, \$3.00.

All physicians who have read Dr. Einhorn's work, "Diseases of the Stomach," should assuredly have this one, as they together comprise the full diagnosis and treatment of the digestive tract. This work supplies a need along this line that has not been fully filled by any other author. It gives the anatomy, physiology, examination and treatment in a lucid way that will prove convincing to the practitioner or student.

THE RIGHT TO LIFE OF THE UNBORN CHILD. A Controversy Between Prof. Hector Treub, M. D., Reverend R. Van Oppenraay, D. D., S. J., Professor Th. M. Vlaming, M. D., with an appendix on a New Method of Operating, Ejecting the Fetus Alive. New York: Joseph F. Wagner, publisher. Price, \$1.00.

This book is an authorized and faithful translation of the work, "Het Levensrecht der Ongelboren Vrucht" published by the above three authors, all well known authorities. We have here an exhaustive statement of the pro and con of a very important and greatly mooted subject, both sides being represented by learned and distinguished defenders. A book well worth reading.

THE MOTHERS' MANUAL. A Month by Month Guide for Young Mothers. By Emelyn Lincoln Coolidge, M. D., Visiting Physician of the Out-Patient Department of the Babies' Hospital, New York; Physician-in-Charge of the Babies' Clinic of the Society of the Lying-in Hospital of the City of New York. Illustrated. New York: A. S. Barnes & Co. Price, \$1.00.

This is a volume in the Woman's Home Library. Edited by Mrs. Margaret E. Sangster. The author has collated in this volume the knowledge of years of study and practice. It contains, with clearness

and brevity the information which every young mother asks. We note its absolute trustworthiness and commend it.

THE GAZETTE POCKET SPELLER AND DEFINER. The Gazette Publishing Co., New York. Price, 50 cents.

A combined English and medical pocket dictionary, though strictly in accord with the spirit and demand of the age, has never before been attempted, and judging by the sale of the first edition, fifteen thousand copies in less than twelve months, it must be appreciated.

A unique feature of the revised edition is that every line contains a word, and every word is defined, thus enabling them to add several hundred words without increasing its size beyond that of the vest-pocket edition.

A TEXT-BOOK OF PHYSIOLOGY. By Isaac Ott, A. M., M. D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. With one hundred and thirty-seven illustrations. Royal octavo, five hundred and sixty-three pages. Bound in extra cloth. Price, \$3.00. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Physiology is assuredly the basis of medicine, and should receive the greatest attention of students. This work contains the chief facts of the subject, and all that is necessary for the application in practice. The author's long and wide experience makes his practical ideas of great worth to the reader.

DISEASES OF THE EYE. By L. Webster Fox, A. M., M. D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia; Ophthalmic Surgeon in the Medico-Chirurgical Hospital. With five colored plates and two hundred and ninety-six illustrations in the Text. New York and London: D. Appleton & Co.

This work is based on the author's lectures before his classes in the Medico-Chirurgical College in the last ten years, and abounds in information on the various diseases of the eye. The language is plain, so that physicians can readily understand.

NEW METHODS OF TREATMENT. By Dr. Laumonier. Translated and edited from the second revised and enlarged French edition by H. W. Syers, M. A., M. D., Cantab., Physician to Out-Patients, Great Northern Central Hospital. Chicago: W. T. Keener & Co., Publishers. Price, \$2.50.

INDEX, FEBRUARY, 1905.

	PAGE.
A Bad Wound With a Good Recovery.....	174
A Dangerous Thing.....	103
Abuse	105
Adrenalin	157
Alcoholism, Acute.....	157
Apocynum Cannabinum..	163
Are Proprietary Medicines Ethical?	150
Aural Polyp, The Treatment of.....	124
Backache, A Simple Cure for	188
Brief Talks.....	155
Burns	171
Chorea	191
Choreiform Movements...	190
Clinical Notes, Some...	148
Cod Liver Oil Preparations	189
Cold, Neglected.....	189
Conceit of Man.....	98
Dressings, Plaster Paris, Removal of.....	155
Echifolia Cream.....	170
Eclampsia, Puerperal....	157
Editorial	97
Electro-Therapeutics, The Principles of.....	120
Fever, Typhoid.....	156
Fever, Typhoid, or What?	185
Fever, Typhoid, The Treatment of.....	183, 188
Fistula, Rectal, Promptly, Completely and Permanently Cured Without Operation.....	133
For Example.....	19
Genito-Urinary Surgery, Briefs on—Vasectomy for True Spermatorrhea and Prostatorrhea.....	143

	PAGE.
Germs, The Origin of...	168
Gonorrhea of Women, The Technic of Diagnosis in	161
Heart, Irritable.....	191
Hemorrhage	157
Hemorrhage, Idiopathic, of the Lingual Tonsil..	151
Hernia, Inguinal.....	125
Hirsuties	192
Idiosyncrasy	103
Indigestion	102
Infants, Artificial Feeding of	186
Inquiry Department....	189
Jaborandi	185
Kidneys, Floating.....	192
Laws, Medical.....	154
Life and Its Struggles..	157
Light, A Study on, A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner.	152
Liquid Air and Its Therapeutical Possibilities...	128
Nervines	192
Neuralgia, Testicular....	190
Neurasthenia	190
Oil of Hyssop.....	192
Only Sees Flaws.....	101
Pemphigus	146
Plant Chemistry.....	97
Pneumonia	176
Pneumonia, External Treatment of.....	155
Pneumonia, Treatment of	181
Poisoning, Lead, Chronic.	114
Pyrosis	189
Reminiscent Chats.....	106
Rheumatism	191
Rhinitis, Atrophic, The Treatment of.....	144

	PAGE.
Special Notice.....	97
Spleen, Hypertrophy of the	175
State Medicine.....	104
Sterility, Prognosis in...	147
Stop and Think.....	100
St. Vitus Dance.....	189
"Subinvolution of the Abdominal Wall After Childbirth"	122
Surgery, Modern, A Brief History of.....	165
The Abnormal Slanderer.	105
The Ideal Physician....	177
The Outlook for the Beginning Practitioner...	164
Throat, Sore.....	156
To Whom Do You Belong?	99
Tuberculosis, Gastric Membrane in.....	155
Tuberculosis, Pulmonary, The Early Diagnosis of	181
Tuberculosis, Warfare on—Fat the Germ Destroyer and Equalizer of the Body, with Especial Reference to Oils and Fats in the Prevention and Cure of Tuberculosis	135
Tumor	156
Ulcers of the Leg, Treatment of.....	108
Unwise	97
Use All.....	98
Uterine Hemorrhage Caused by Fibroids, The Treatment of.....	109
Walking Before Breakfast	103
Wanted, Information....	192
Why	101

BATTLE & CO., Chemists,
ST. LOUIS:

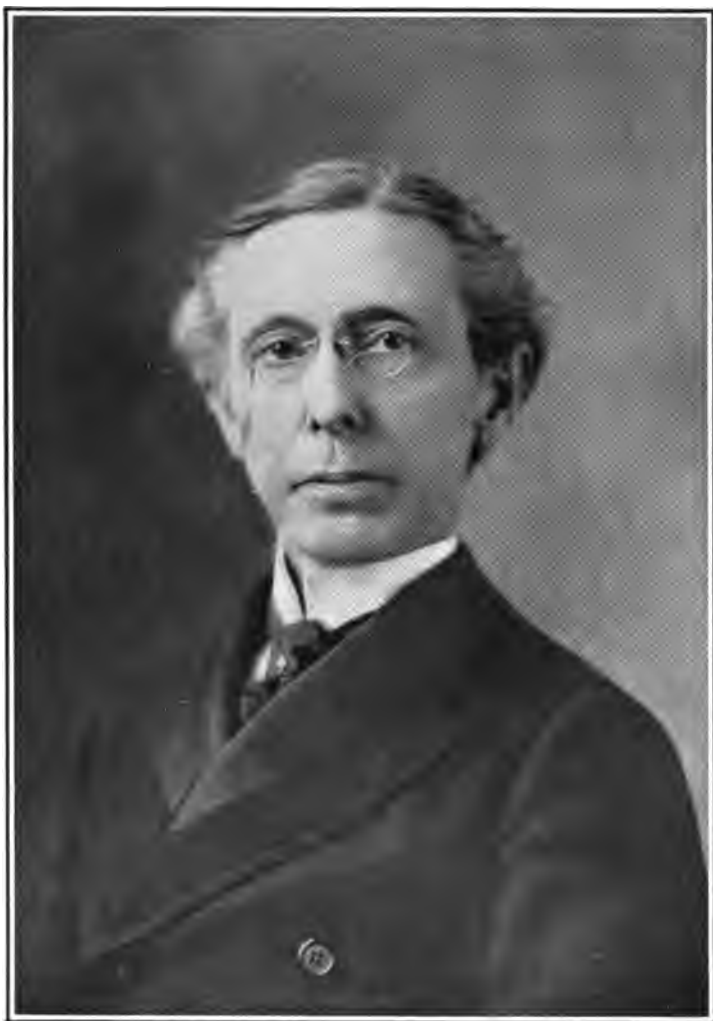
I have been practicing my profession for more than a quarter of a century and I can truthfully recommend Ecthol as the only preparation I have ever used or known to have any potency over capillary disorganization, eruptive diseases of malignant tendency. I have made a number of prescriptions of this Ecthol, in erysipelas, eczema and other old chronic skin or eruptive diseases; *old chronic sore leg*, and so far has acted like a charm.

R. H. L. RUTHERFORD, M. D.
Antoine, Ark.

BATTLE & CO., Chemists,
ST. LOUIS:

Papine is by far the best preparation of opium I have ever used. I have used it in cases where morphia and other preparations of opium nauseated, causing vomiting, while Papine caused no disturbance of the stomach whatever.

J. H. THOMAS, M. D.
Wyoming, Delaware.



A. D. Rockwell A. M. M. D.

Formerly Professor of Electro-Therapeutics at the New York Post-Graduate Medical School and Hospital; Ex-Electro-Therapeutist to the Woman's Hospital in the State of New York; Neurologist and Electro-Therapeutist to the Flushing Hospital; Fellow of the New York Academy of Medicine; Member of the County Medical Society, New York Neurological Society, Etc. New York City.



Dr. P. H. Washburn

M. D., Professor of Obstetrics in Tuft's College Medical School; Senior Visiting Physician at the Out-Patient Department St. Elizabeth's Hospital; Assistant Visiting Surgeon at the Free Hospital for Women; Member of the Boston Obstetrical Society, Massachusetts State Medical Society, Boston Society for Medical Improvements, Etc., Etc. Boston, Mass.



John L. Adams

M. D., Professor of Diseases of the Eye and Ear in the New York School of Clinical Medicine; Attending Surgeon New York Eye and Ear Infirmary, St. Bartholomew's Clinic and Bloomingdale Clinic for Diseases of the Eye, Ear, Nose and Throat; Consulting Ophthalmologist and Otologist to the New York Hospital and the House of Relief; Lying-in Asylum and Manhattan State Hospital; Visiting Surgeon Eye and Ear Department, West Side German Dispensary; Fellow of the American Otological Society, American Ophthalmological Society, New York Otological Society, Rhinological and Laryngological and Otological Society, Alumni of New York Hospital, Hospital Graduate Club, New York Medico-Surgical Society, Etc. New York City.

THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
OF ANY MEDICAL JOURNAL IN THE WORLD

J. J. LAWRENCE, A. M., M. D.,
Editor and Proprietor

Terms, \$1.00 a Year, in Advance
SINGLE COPIES, 10 CENTS

Foreign Subscriptions (Postal Union), 7s. 6d.

NINTH AND OLIVE STREETS
ST. LOUIS

ASTOR COURT BUILDING
NEW YORK

Foreign Office: Auckland House, Basinghall Ave.,
London, E. C., Eng.

VOL. XXXIII. ST. LOUIS, MO., FEBRUARY, 1905.

No. 2.

Editorial.

Special Notice.

As a very large number of our subscriptions expire about the first of the year, we take this opportunity to remind our readers *that we shall not continue to send the BRIEF to those who fail to renew their subscriptions.*

Kindly send remittances promptly, and avoid a break in your files.

Unwise.

Certain chemical houses in Germany are acting unwisely and unfairly in attacking the products of American chemists. Do they really believe that the chemists of Germany are superior to those of America? Do you find any American chemical houses fighting the German products?

The Editor of this journal asserts that there are no chemists in the world superior to the American and English chemists, and as the Editor of this journal was a director of the St. Louis Exposi-

tion, he had ample opportunities to examine the products of all countries.

Plant Chemistry.

Under the term organic chemistry is included all those preparations made from plants containing medical properties, although many of them contain inorganic substances as well. A distinctive feature of organic preparations is the impossibility of accurately analyzing such preparations.

The virtues of plants are obtained through particular processes, the result of long study and experiment, so that the value, the identity of the remedy, really hinges on the process used in its preparation.

Before a satisfactory preparation of a plant can be made, it is necessary to know all about it, its nature, structure, the proper soil and climate for its growth, the best time to gather it, and so on. Then comes the study of solvents and manipulation, the getting rid of extraneous matter, etc. Nice judgment is required as to how long each step shall pro-

ceed, how much heat, time, energy, menstruum, shall be used. When the process is perfected, when the chemical assay and an extended therapeutic test, both announce a product of uniform strength and definite powers, then the manufacturer is prepared to introduce it to the profession, under his own name, or he may give it a fancy, trade-marked name for convenience and protection. In either case it is the *process* which gives efficacy and uniformity to the remedy. It makes no difference under what name a preparation is prescribed, so long as it is the product of the same manufacturer.

The doctor should not let himself be deterred from using a good remedy simply because the manufacturer does not give his process. In the nature of things this can not be done. Everything depends upon the process. If that were revealed, the scientific adherence to and painstaking observance of all the complex details involved would be lost, and with it the satisfactory quality of the remedy. The integrity of the process must be upheld. Not only are the business interests and property rights of the manufacturer at stake, but the existence of the remedy as an agent of standard value.

Those plant remedies which give the best results contain not only the organic but the inorganic constituents of the plants. In the great majority of cases the doctor will find it necessary to use preparations which contain all the medicinal virtues of the plant.

Conceit of Man.

People who think that everyone who does not agree with them is bound to be wrong, should read the following:

STOPPING THE PAPER.

An acquaintance met Horace one day and said: "Mr. Greeley, I've stopped your paper," "Have you?" said Horace. "Well, that's too bad," and the old white hat went its way.

The next morning Greeley met his subscriber again, and said: "I thought you had stopped the *Tribune*?" "So I did." "Then there must be some mistake," said Horace, "for I just came from the office and the presses were running, the clerks were as busy as ever, the compositors were hard at work, and the business was going on the same as yesterday and the day before." "Oh!" ejaculated the subscriber, "I didn't mean that I had stopped the paper; I stopped only my copy of it because I didn't

like your editorials." "Pshaw!" retorted Greeley, "It wasn't worth taking up my time to tell me such a trifle as that. My dear sir, if you expect to control the utterance of the *Tribune* by the purchase of one copy a day, or if you think to find any newspaper worth reading that will never express convictions at right angles with your own, you are doomed to disappointment."—*Opt. Jour.*

Before we allow ourselves to be angry with people because they differ from us, or are incensed by reading an editorial which says things we do not believe, we should reflect that the free expression of opinion is one of the strongest bulwarks of our liberties. If we stop to think about it, if we abandon the personal attitude for one moment, we can not help recognizing that it is a great blessing, and that men ought to be encouraged to say just what they think, so long as they refrain from abuse.

The normal man hates calumny but admires those who have sufficient courage and independence to say what they think. This age is charged with far-reaching moral cowardice. Too many men are afraid to discuss their opinions. Many evils and abuses flourish for the want of frank discussion. A calm, temperate analysis of situations and conditions, a pointing out of remedies which offer themselves, aids greatly in keeping things straight.

Always beware of the man who wants to compel you by law or the organization which wants to use force. It shows cowardice and smallness of nature when a man or set of men want to do by force what they can not accomplish by logic. As a country gets larger and older, force tries to assume the prerogative, and this is something we have constantly to guard against.

Use All.

No broad-minded, educated physician can confine his practice to any one class of medical preparations. Cases will arise in which he will find it necessary to use decoctions, tinctures, fluid extracts, eth-pharmal proprietary medicines, both single and compound pills, alkaloids, synthetics, etc. He can not possibly confine himself to one class of remedies, and do justice to his patient. All are indicated in their proper places.

The observant physician will have noticed that remedies vary with the form in which they are employed. The aqueous and alcoholic extracts of hydrastis differ in action, the various opiates differ, also the derivatives of cinchona bark. A saturated tincture will produce very different results from an ordinary commercial tincture. The doctor will not allow himself to have a prejudice for or against a remedy, but will use that which common-sense and experience demonstrate to be best for his patient, regardless of who makes the remedy.

If a remedy is pure, of uniform strength, and produces definite results in particular pathological conditions, the doctor is not only justified in giving it, but it is his duty to see that his patient gets this remedy whenever indicated.

It is just as much a mistake to use a remedy outside of its powers and indications as to fail to employ it when it is clearly indicated. Dissatisfaction is sure to be the outcome, and a really excellent remedy may be made to suffer in the estimation of the doctor through his own error in not observing the unwritten laws of therapeutics.

To Whom Do You Belong?

In the old days of negro slavery when you met a colored man or woman whose face was unfamiliar, it was a common question to ask: To whom do you belong? who is your master? In these days of organizations, labor, political and professional, where a few men try to control your way of thinking and doing, this question is very applicable—to whom do you belong?

To whom do you belong? Who is your master? Efforts are being made in certain quarters to make the doctor belong to somebody. He is constantly told that he must not use this preparation or that, that he must not take certain journals or do this, that or the other without consulting an organization. When a man so far forgets his independence, his duty to his patients, to pay attention to such bosh, he at once has a master, at once belongs to somebody.

The MEDICAL BRIEF belongs to its Editor, but the Editor belongs to nobody. He has

a right, and will always exercise that right, to prescribe whatever medicines he thinks proper under the circumstances. He will never be controlled, made to do this, that or the other at the direction of somebody else. The Editor admits frankly that he does not believe in governmental control or organization control; he believes in the old doctrine of Jefferson that the country is best governed which is least governed. The same principle applies to individuals.

Every man should learn to do his own thinking, should examine things, and come to his own conclusions. He should never let himself be blindly controlled by anybody. This is especially applicable to the doctor whose responsibilities are heavy. The patient who employs a self-reliant physician gets the advantage of wide reading, hard thinking and free judgment. The man who depends upon himself in all situations of life can always felicitate himself that he is nobody's slave in either politics, religion, medicine, or anything else. There is a joy, a satisfaction in his life, of which the man who submits to machine government knows nothing. The self-reliant man is the ambitious, the progressive, the successful man, for his faculties are constantly sharpened by an unfailing stimulus born of his independence.

What a magnificent utterance was that made by one of our grand old men in the early days of the Republic, when he said: "Better live in a log cabin and be free mentally, bodily and spiritually, than live in the finest mansion on earth, and be owned by some individual or organization."

For Example.

Suppose, Doctor, that your attention is directed to some particular plant or several plants. You go to work and make a fluid preparation from this plant or plants, which you have gathered yourself, while in the fresh state, and you find you get the same good results quoted in the old *materia medica* of the early days of the Republic.

Suppose that you become so interested that you make a special study of these plants, where grown in the greatest per-

fection, the best time to gather the parts needed, get all the information you can, requiring several years study, and that you finally succeed in making a preparation that pleases you. Suppose, then, that you enlist capital or get some manufacturing chemist of experience to join you, and commence to manufacture this preparation. In order to designate your particular process of manufacture from this plant or plants, you give your product a name which is distinctive and easily remembered, and have it trade-marked.

You inform the profession what plant or plants your preparation is made from, and ask them to test your product. After going to enormous expense to introduce your preparation, advertising it to the profession through the medical journals, and giving away free samples, the profession commences to use it, and gradually you get an established business.

Now, is there any reason whatever why you should give away your process, your particular method of manufacturing this product to the profession or anybody else? The profession is not obliged to use it unless it wishes, but physicians are intelligent men, and if they find your product possesses the virtues claimed for it, they will use it, no matter who tells them not to, simply because they are Americans and free men.

If your product is not a good one, all the advertising in the world will not make it go. It is impossible to make a fake remedy continue to be prescribed. The man who believes otherwise is simply a fool.

Now, another question: Is not this preparation as ethical as one which is patented? Think a moment. Any man can make a preparation from the same plants if he wants to. There is no law to prevent it. But he can not use your trade-mark, or the name of the manufacturer who makes the original preparation. Now stop and think, and you will see where the shoe pinches. The fellow who growls and talks about ethics and monopolies simply wants to get the benefit of the other manufacturer's reputation. Why does he growl? Because he can not buy old materials, make use of the original process of the successful manufacturer, and sell his stuff on the reputation made

at the expense of years of hard study, and the outlay of much capital.

The unfairness of this is manifest, for you have informed the profession as to the plant or plants from which your preparation is made, you advertise to physicians only through the recognized medium of the medical press. Nothing would be served by revealing the process. Every sensible man would pronounce you a fool to do so. No man has any right, moral or otherwise, to use your trade-mark any more than he would to manufacture chloroform and call it Squibb's. Is not this so?

Stop and Think.

Examine this copy of the MEDICAL BRIEF, or any other which you may have at hand. Do you know any medical journal that is better than the MEDICAL BRIEF? Do you know any that is more ethical? Do you know any medical journal that has a higher class of writers? If you stop and think a moment you will see that there is no better class of physicians in the world than those who write for the MEDICAL BRIEF.

Then why, you may ask, this continued fight on the MEDICAL BRIEF by a certain class of men, who are trying to injure the BRIEF by arousing the doctor's prejudices? The doctor is not easily prejudiced against anything where he has an opportunity of judging of its merits himself. An intelligent man prefers to use his own judgment in such matters. Every such man knows, too, that there is an ax to be ground somewhere when strenuous efforts are made to injure and discredit a reputable, well-established enterprise of any sort.

These writers evidently think they can prejudice the ignorant doctor and make the mistake of supposing there are many of them.

But this is not answering the question. Why this fight on the MEDICAL BRIEF?

Well, the principal reason is that the MEDICAL BRIEF can not be bossed. It will not wear a slave collar.

The Editor is fair and broad-minded enough to see the virtue in alkaloids, in ethpharmal remedies, in synthetics, in patented German preparations, etc., but

the doctor can not practice medicine exclusively by the use of any one class of medicines.

The doctor, of all men, must be free, and at liberty to use whatever he thinks best for his patient.

Why.

One sometimes wonders why it is that certain plants so highly extolled fifty, seventy, or one hundred years ago, have now passed out of use. If one stops to think about it, the solution is easy. At that time our population was largely rural, the doctor had to gather his own roots and herbs, he studied them and learned how to make preparations from fresh material which possessed great value, and from which he got definite results.

For instance, in the old days, when the doctor used *asclepias tuberosa* in pleurisy, pneumonia, colds, etc., the results he got were really wonderful. Why? Because the plant was gathered at the right time, and in the fresh state contained all the virtues. It is perfectly natural that the old dried plant sold in commerce nowadays should not produce the same good effects.

It is easy to see why, from the foregoing, when a modern chemist makes a study of a plant, the climate best suited to it, the proper time to gather the parts needed, etc., and puts on the market an active preparation of uniform strength, it gives results widely different from the ordinary article of commerce.

This is true of a great number of plants—barks, roots, herbs and other parts of plants. It explains why it is necessary, in order to get the best results, to use ethpharmal preparations of plants; or, in country towns, employ some retail druggist in whom you have confidence to make special preparations for you.

In other words, the doctor who wishes to get the best results in practice must give the subject of *materia medica* more thought than he ordinarily does. Less ethics and more relief to the patient is what is required for success in the practice of medicine. Study who makes special preparations best. If one manufacturer makes a better preparation of any

drug than another, that is something you want to know. Have no prejudice for or against any remedy; it is purely a question of merit.

If a manufacturer makes a reliable preparation and tells you the name of the plant, don't expect him to give away his process of manufacture. Such a request is unreasonable and would do no good. In fact, if granted, it would destroy the manufacturer's business and the guarantee of excellence on which the doctor depends, for then everybody would make it and nobody would make it good.

The doctor should do all he can to stimulate the making of special preparations and throw his influence against those manufacturers who make imitations. The talk about monopolizing remedies is nonsense. There is no monopoly of any drug. Any man can make his own preparation, but he must not sell it on another manufacturer's reputation. To do so is to vitiate a standard on which doctors have come to rely.

Take Norwood's tincture for example. It is a good preparation of *veratrum*. In fact there is none like it. To ask for the process of manufacture would be absurd. It would compel the manufacturer to stop business. It is unfair to expect the manufacturer of fine remedies to give away his process. Any doctor who will give the matter a moment's thought will see how inconsistent and illogical such a request would be.

Only Sees Flaws.

Did you ever stop to consider how unfortunate the pessimistic faultfinder is—the man who always sees flaws and imperfections everywhere?

Not long since, while calling upon a professional friend of ours, we were asked to look at the walls and ceiling of a room recently painted by an artist celebrated for this line of work. The work was beautiful, and most artistically done. We expressed our appreciation of it, and while discussing the subject, a pessimistic friend was shown into the room. When asked what he thought of it, instead of remarking on its beauty and artistic finish, he immediately spied a few small cracks in the wall, to which he proceeded

to call attention. Passed over all that beauty—rich and varied tones, soft blending, fine lines and delicate curves, a thoroughly artistic conception in which the soul of the normal man fairly revealed—to center his attention on an insignificant crack.

After he had gone, we told our host we had been too much absorbed in the beauty of the work to notice the crack. Said he: "That man is always looking for cracks and flaws in everything and everybody. By the way, he is the most unhappy man I ever saw. He is straightforward, honest, and has considerable ability, but he is such an unfortunate pessimist, he only sees flaws wherever he goes."

The fortunate man is he who can see good in everything. He may see the bad, too, but if he does not dwell on it, if he is not always calling attention to it, it does not make him or others unhappy.

Some doctors are so unfortunate, they can only see the flaws in their patients, and make themselves unpopular, handicap their efforts, by constantly calling attention to their faults and errors. This is something which no patient will tolerate, and is a professional mistake as well. The doctor's aim is to do everything possible to secure the esteem and confidence of the patient. To arouse antagonism and hostility is to make it impossible to do anything for that particular patient.

Never call attention to or arouse evil possibilities. There is good in every mother's son of us, and it is the doctor's cue to find that, and work on and through it. The doctor is more to the sick man than a prescriber of drugs, important as that is; he is a physician to the mind as well.

If a man can not overcome pessimistic tendencies, he should select some other calling than the practice of medicine, for he will do more harm than good in this. Do not overlook the importance of habitually cultivating a happy way of looking at things. It is largely within our own power and choice whether we will be a medium of hope and happiness. Some one of our poets has told us to "be a little blind, and to the faults of others, kind." No man can be truly happy or attain the full measure of his usefulness until he has learned to practice this advice.

Indigestion.

Indigestion is a sort of bugbear to many members of the profession, simply because they attempt to treat all cases alike. When a patient with dyspepsia calls upon you for treatment, it is first necessary to find out the real cause of trouble. One man has indigestion because he eats too much animal food; another because he consumes an excess of starches or sweets.

A man may have indigestion as a result of constipation, caused by inattention to the bowels. He has no regular time to go to stool, consequently the act of digestion is incomplete, and this neglect reacts on the whole function. Another man owes his indigestion to excessive use of stimulants, tea, coffee, alcoholic beverages or tobacco. Still another may suffer from an accumulation of mucus in the bowels.

Want of outdoor exercise is a very common cause of indigestion. The habit of bolting the food and gulping down large quantities of ice-cold water at meal times are also considerable factors in bringing about this troublesome complaint. Eating between meals and tasting favorite dishes after hunger has been satisfied weakens the digestive organs.

The majority of people suffer from some form of indigestion, for which there is a multiplicity of causes. No permanent relief can be given unless the cause is gotten at. The physician who would be successful can not have hobbies and fads about the treatment of indigestion. He must lay theories aside and study the case. Treatment must be based on the actual condition of the patient.

The fact is, indigestion offers a first-class field for the specialist. Many chronic diseases hinge on some old neglected form of indigestion. Many people tolerate chronic indigestion in the belief that their sufferings are inevitable; others because they have doctored unavailingly. Set yourself to get at the facts when consulted for the relief of indigestion. Do not attempt to treat on conventional lines, or to have one treatment for all.

Especially do not overlook the real value of olive oil in the mucous form of indigestion.

Walking Before Breakfast.

The Editor of this journal is satisfied by personal experience that a brisk walk taken half an hour or an hour before breakfast in the early morning air is one of the best things people can do to keep up the general health, especially when accompanied by deep breathing.

The expansion of the lungs, quickening of the circulation and oxygenation of the blood gives a feeling of exhilaration which lasts all day. The exercise gives one a keen appetite for breakfast, and the old idea that a good breakfast is an excellent thing for a man is as true now as it ever was. The man who can eat a good breakfast with relish has something to sustain him in his work, and is more fit to cope with difficulties than the unfed man, the man who breaks his fast with nothing more substantial than a roll and coffee. The coffee has no value as nutriment, and the stomach is forced to go without sustenance until it becomes weak and unfit for the task of digestion.

Aerate and redistribute your blood by means of a walk before breakfast, then you will be able to eat and digest that meal without trouble. Such a preparation for the day's work is invaluable.

There is an old idea down South that taking the air before breakfast is apt to result in malaria, probably from the heavy dews and foggy condition in certain sections before the sun gets high. However, the brisk exercise will more than counteract unfavorable atmospheric states, and air is air, and has a real value, from which nothing can detract.

The benefits of pure fresh air are, in fact, undeniable, and easily proved by experience. Everybody should advocate taking the air before breakfast. The only harm we can see from this practice is that doctors will have less to do.

Idiosyncrasy.

It is in the experience of every practitioner that drugs do not have the same effect on all individuals. These idiosyncrasies are not only peculiar to the individual, but run through whole families. Just why certain drugs do not act as well in these cases is not known, but the fact must be taken into consideration. There-

fore, it is well for the physician to be observant and study these peculiarities and idiosyncrasies in each of his patients.

In some patients, too, the effect of a drug is produced very quickly, while in others it is necessary to wait a long time. The doctor who does not know this will sometimes stop a particular medicine too soon when he should continue it until he gets the desired effect.

In order to know just when some idiosyncrasy or peculiarity of constitution is at fault, in order to study them to advantage, and know how to allow for them, the physician must be sure that he uses a good preparation of the drug which he prescribes.

Whether you believe it or not, substitution is very prevalent. If you prescribe a certain remedy, and it does not have the effect which you expected in many cases, it is because the preparation is not genuine; some imitation has been substituted for the original ethpharmal medicine. If you take pains to avoid this, you can easily distinguish what is true idiosyncrasy.

Druggists, as a body, are undoubtedly honorable men, but this profession, like all others, contains its black sheep, and a percentage of druggists are ruthless substitutes. There is no just-as-good in any department. It is the business of the doctor to avoid the drug sharp as an enemy both to him and his patient, preying on the reputation of the one, the life and health of the other.

It is impossible to get at the peculiarities of a patient—a knowledge of which is of so much value in producing definite results—if prescriptions are sent to a substituting druggist.

It is always well, when a medicine you are in the habit of prescribing disappoints you, to investigate where it was obtained before ascribing the result to idiosyncrasy. Give the matter close scrutiny before deciding.

A Dangerous Thing.

Pope tell us, and it has become a maxim with unthinking people, that a little knowledge is a dangerous thing. This was the doctrine taught by the Church in the dark ages. If you wanted to know

anything about religion, you should consult the priest; knowledge was his prerogative. But do we do it very much nowadays? Have we not come to the conclusion that we would rather brave the dangers of a little knowledge than go without? Is ignorance any longer a synonym for bliss? Is it not, in fact, more knowledge all the time that a man wants whether he is a doctor or otherwise?

The more knowledge a man has of religious matters, the more he knows about the laws of Nature, and the certainty of having to suffer the inevitable penalty of every violation of such law, the better man is he. Neither the wearing of beads nor the paying of tithes will enable a man to escape the penalty of breaking one of Nature's laws, whether physical, mental, moral, spiritual, or financial.

The Editor of the *BRIEF* believes, and has said at some time, that the intelligent man makes the best patient. It is the intelligent man who continues treatment, and co-operates with the doctor in the various measures which the latter finds necessary. The intelligent man has faith in the ultimate outcome of treatment where he can not see any immediate benefit. The ignorant man quits the doctor and goes to the fortune-teller.

The layman who has some understanding of health and disease can realize the importance of consulting a physician the moment something goes wrong. He does not wait for a vicious pathological circle to be set up, and his vital forces undermined; he goes to his doctor at once, and continues treatment until he is restored to the normal state. He knows something of the difficulties of diagnosis, and the necessity of giving the doctor time and the fullest opportunity for studying the case. He understands the importance of carrying out instructions exactly. The percentage of deaths, of chronic and incurable ailments, is enormously greater among the ignorant classes, and largely because they do not understand the importance of early and continuous treatment at the first appearance of trouble.

The man who tries to make you believe it is for your interests that your patrons be kept in ignorance of all that pertains to medicine, must have some other reason than the interest of the profession for

what he says. If you run your mind over the list of your patrons, you will realize at once that the more intelligent they are the less trouble you have with them. The man who is trying to make you believe otherwise is playing a card which is easily trumped, for it is not true that medical knowledge on the part of the laity hurts the doctor in any way.

State Medicine.

The proper function of government is to protect the rights of the individual, and to carry out those principles of common law derived from the experience of the ages. The existence of an oligarchy within a State having a grant of plenary power to enforce its regulations is dangerous to the welfare of that State. State medicine is every whit as bad as State religion.

A board created to look after the public health, and given unrestricted authority and power, is capable of a great deal of mischievous activity, for it proceeds on the basis that all conflicting ideas, rights and interests must yield to regulations which it regards as necessary, and which are, in many instances, purely arbitrary. Such a board is apt to assume the truth of its position, as the Catholic Church assumes the infallibility of the Pope, and it is perfectly indifferent to the sacrifices of individual rights or property interests demanded by the enforcement of such regulations.

State religion did not hesitate to persecute, torture, or burn heretics, nor to confiscate their property. Church dignitaries had but one idea—to extend the faith, to increase the power and wealth of the Church. So with the Health Boards. The health of the people becomes a fetish before which they will immolate all. Apparently they never stop to consider that even if health could be guaranteed to us it is scarcely worth having at the expense of liberty. Most of us would prefer to take our chances and keep our rights.

There is no appeal from Board of Health decisions. Their power is absolute. Their ranks are often recruited by the political doctor, and their rulings are frequently based on fads.

They have it in their power to tear a child from its mother's arms, to separate

husband and wife, to force a teacher to give up his or her occupation by labeling them as "suspects." Health Boards have assumed the contagiousness of consumption, although some of the most eminent men in the profession, men of the widest experience, deny it.

Health Boards may and have established regulations which depreciate property, and practically destroy the profit of certain industries, entailing costly litigation, and the unsettling of trade conditions. They can find a pretext, if they want to, to make war on any enterprise, and such unrestricted power offers the opportunity for unlimited blackmail.

This is not saying that Health Boards abuse their powers, or are dishonest; no doubt many of them accomplish a great deal of good, but so long as human nature is what it is, so long as medicine is an inexact science in which fallacies are continually springing up, it is wrong and dangerous to grant plenary power to any body of men, placing the rights of the individual absolutely at its mercy.

The reformer never sees anything in himself to reform; liberty has been the watchword of the greatest of tyrants, and the name of religion is stained with the darkest of crimes. Men have been taught over and over the corrupting influence of unrestricted power. Men should rely entirely upon themselves for their welfare—the delegation of any right or power to the government means a corresponding loss of liberty.

Abuse.

It is queer that some men abuse everyone who differs from them in politics, medicine, religion or anything else. It particularly shows a want of common-sense when a man abuses a competitor in the same line of business. It takes little wit to see the reason for it, and it is certain to react against the man who does it.

The most ordinary knowledge of human nature should preserve a man from this error. He may allege various lofty reasons for his act, but no one will believe him. Men do not raise the level of any business or profession by throwing mud. Ability does not worry over ethical considerations any way. Real ethics are in-

trinsic, inseparable from the deed, the result. Ethics are not taken from nor added to a thing, at the will of man, but inhere in their very nature. Whatever persists and has value is ethical, whether it conforms to some people's notions or not.

Advertisers often make a mistake similar to the above. The successful advertiser limits himself to saying what his particular product is and does. If he makes a plow, he does not call attention to any other man's plow in his advertisement. It is not his object to impress the public with the fact that there are two plows in the market. It is a great mistake to compare one's own make with another's, even to the disadvantage of that other. You simply advertise the other man, for everyone knows how to discount the manufacturer's preference for his own product.

In other words, the man of good sense, possessing a well-balanced mind, will attend to his own business, and let the other fellow alone. The wisdom of this is constantly demonstrated in every department of life, but some men are so narrow-minded they can never learn. The great principle fundamental to all success in life is to attend to your own business with all your might, and let the other man do the same.

We are glad to say that few American doctors are guilty of abusing their competitors. If the other man chooses to abuse you, let him alone. People will find out the truth. Do not waste time chasing lies. They never do any harm. Do your duty to your patrons as you see it, and things will come out all right inevitably.

The Abnormal Slanderer.

What is the matter with the man who habitually slanders other people, who can see no good motive in anything they may do, and who is always attributing evil of some sort to all who come within his knowledge?

The slanderer possesses an extraordinary fertility of invention, which is so perverted that he is always interfering and meddling in other people's business. His tongue is loose, and dearly loves to roll the shortcomings of others as a sweet morsel for his delectation.

Is there any man who works more mischief in the world than the one who is always impugning motives, who insinuates, who is always trying to run the other man's business to the neglect of his own. The man who robs you of your good name, is he not really more of a robber than one who takes your diamonds and money? Is he not worse, even, than the man who enters your house without warning, knowing that he has small-pox in his family? The man who, deliberately and with malice aforethought, sets himself to make discoveries in regard to your business so that he may speak evil of you under the plea of philanthropic interest in the welfare of others, must be abnormally developed.

Sometimes the fool followers of such a man, unable to appreciate the true significance of his course, give him sympathy and encouragement. But there is one element in human nature which the slanderer who habitually attempts to injure and defame his competitor overlooks, that is the element of fairness found in most men. Whenever a normal man sees another man or thing continuously abused, it naturally makes him look on the other side. The slanderer overreaches himself.

This is well illustrated by the successful careers of Roosevelt and Cleveland. The bad things said about them really made friends for them.

It is a confession of want of brains when a man bends all his energies to try to discredit his competitor instead of going to work along legitimate business lines to build up his own interests. When a man's competitor is always on his tongue, when he is constantly criticizing his methods, and impugning his motives, the discerning begin to look for the nigger in the woodpile. No amount of fine sentiment can disguise the fact that he has some axe to grind.

The sensible man will not trouble to deny calumnious allegations, innuendoes, slurs and so on. All he need do is wait to see the slandered confound himself. Every man with independent mind with the courage to express himself freely, is certain to draw down upon his head the condemnation of the narrow, and to make himself a target for the arrows of small-minded men, scandal-lovers, and those

who think they see an opportunity to help themselves by stirring up prejudice, and fomenting controversy. This class of people forget, however, that the great majority of mankind admire and believe in the independent, courageous man.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys, what's doing up your way? This has been my busy week, but I'm going to fire a few remarks at you while I wait for Jim to hitch up.

Most hernia patients think so long as they have on a truss they are all right, but you boys want to bear in mind that most of the cases of strangulation occur in these very same people. When you fit on a truss, be sure to caution your patient that he carries something about with him which may become a source of danger, and that he must be careful.

Say, don't give morphine to patients who have been injured, unless there is complaint of pain. Sometimes the shock acts as an anesthetic.

In nervous prostration many of the symptoms are due to low or irregular blood pressure. A good nourishing diet, containing meat, with regular moderate exercise, followed by baths, rest and deep massage, will greatly benefit these cases.

Say, boys, a first-class laxative for gouty people consists of equal parts epsom salts, sublimed sulphur and bitartrate of potash, one to two teaspoonfuls in half glass of water before breakfast.

Neurilla is the best thing I have ever tried for nervous irritation proceeding from an over-active state of the sensorium. And the beauty of it is that it acts without causing any by or after-effects. Your patient simply gets relief, and that is all there is to it.

Say, boys, here is a recipe for a No. 1 eye water: Take just enough of a chemically pure sulphate of zinc to impart a slight astringent taste to the water, and then add enough c. p. lead acetate to make it a little milky. This is fine for ordinary cases of sore eyes.

If you are ever called upon in an emergency to tap the bladder of a fat man,

look out for the wrinkle which runs around the abdomen just above the pubes, and tap at its crossing with the linea alba.

Rectal fissures will generally heal quickly if brushed with carbolic acid followed by alcohol, and then packed with gauze.

Many cases of weakness and debility, tardy convalescence, and so on, are due to a feeble circulation. I have such patients carry a vial of cactina pillets, and take one or two every three hours.

A very good plan, and one I have followed for years, is to begin your treatment in acute cases, and especially where the patient is feeble, by giving the pillets at intervals right along. They do not interfere with anything you may decide to give later; you are doing something to satisfy the patient and family, and you have a little time to study the case. Many a doctor prescribes the wrong thing for want of time to think.

Say, boys, applications of a good strong solution of saltpeter will shrivel up cold sores on the lips. This is a good thing to know, as they are often very painful.

When water collects on the lungs, give strychnine and atropine alternately by hypodermic injection.

Where you have a dry cough, which is made worse by lying down, and gets better when the patient is up, incorporate hyoscyamus in your cough mixture. In most cases, and particularly where there is any feverishness or lack of secretion, etc., respite should be given in addition.

Say, boys, uterine headache, which is usually complained of in the top of the head, may often be relieved promptly by elevating and supporting the womb by means of a tampon. Add to this a good dose of salts, and directly your patient is very comfortable.

Severe pain in the heart, with feeble action, a slow and irregular pulse or rapid palpitation, and particularly if there is a murmur, showing regurgitation, call for nitro-glycerine.

Say, boys, where you find an idiosyncrasy which prevents your using cocaine, try guaiacol. It answers very well in many minor operations.

When you shake hands with a man, you often get an indication of his condition. If his hand is hot, red and dry, you instinctively think of diabetes; if it is thin, hot and moist, tuberculosis occurs to you.

Say, don't forget that repeated applications of the oil of eucalyptus will quickly relieve the pain of chilblains and cure same.

Many people suffer a great deal from neuralgia of the fifth nerve. Muriate of ammonia is almost specific in this trouble. Give it in large or small dose, with brown mixture, or in conjunction with belladonna. If the conjunctiva is reddened, if there is a confused and dull state of mind, aching of eyes and brow, belladonna is particularly indicated.

Say, boys, a first-rate local application to allay itching of the skin is made by adding two drachms of salicylate of soda to a pint of water. Use freely.

Suppression of the periodical flow in women when caused by cold, emotional disturbance or passive congestion of the uterus, can be promptly relieved by giving one to three drops each of a reliable tincture of cimicifuga and gelsemium every hour or two. It is equally valuable in suppression of the lochia after delivery.

Some time ago I read in some of the journals how to remove a ring from a swollen finger. I had occasion to try it the other day, and it is O. K. Rest the elbow on a pillow as if the patient was to be fitted with gloves, at same time rubbing the finger gently down in direction of elbow. Then soap it well. Push a piece of coarse thread through the ring, and holding the lower end firmly, wrap the other snugly around the finger and hold tight, then take hold of the lower end and begin to unwind. The ring comes off without any trouble.

Well, I must be off. So long, boys.

I send you one dollar for my subscription to your valuable journal. I have been taking the BRIEF for twenty-five years, and have not missed a year since I began with it.—C. G. JONES, M. D., Ellaville, Ga.

[Written for the MEDICAL BRIEF.]

Treatment of Ulcers of the Leg.

BY ALEXANDER LYLE, M. D.,

Adjunct Professor of Surgery, New York Polyclinic Medical School and Hospital,
New York City.

In the treatment of ulcers of the leg it is always of paramount importance that the cause of the condition be ascertained if possible.

A diabetic, syphilitic or tuberculous ulcer will demand that more study be given to the constitutional, than the local treatment, and if this is not most closely watched the local treatment will be almost useless.

Constipation or any local condition tending to retard the venous flow must be corrected and the whole leg rendered surgically clean by means of a liberal use of green soap and brush, followed by ablutions of a hot bichloride of mercury 1-1000 solution.

If the ulcer be of the varicose type it will be necessary, either to confine the patient to bed during the course of treatment with firm bandaging extending from the toes to the knees, or preferably excise the varicose veins and effect a permanent cure.

The foul gangrenous sloughing ulcers are best treated by an application of pure carbolic acid neutralized by alcohol. Carefully dried and a dressing consisting of sterile gauze saturated with five per cent of balsam of Peru in crude castor oil applied, this covered with rubber protective and tightly bandaged. (This dressing was introduced by the late Dr. Van Arsdale, of the New York Polyclinic Hospital, and is most valuable in all freely discharging ulcers.)

When the sloughing is controlled and the amount of discharge markedly diminished, antiseptic dressings of bichloride 1-1000 or carbolic acid 1-40 may be substituted until the parts are in a fairly healthy condition.

The base of these, as of nearly all chronic ulcers, is made up of an unhealthy granulating mass, and it is impossible to effect a cure until this has been removed—in some cases the granulations lying immediately upon, or even

containing, nerve filaments, are extremely painful, and cocaine must be judiciously employed. A one-half of one per cent cocaine solution freshly prepared and warm is injected around the periphery of the ulcer and beneath its base until the whole area has been thoroughly cocaineized. With a sharp curette all unhealthy tissue is removed, the ragged edges, etc., trimmed with scissors, and the whole wound rendered surgically clean. Bleeding is controlled by pressure or hot antiseptic solutions, and the surface finally dried absolutely, not by mopping only, but by insufflation of hot air, as it is necessary to have a clean and absolutely dry field. Germs can not live or multiply in a dry medium, and the more nearly dry we keep the wound the less likelihood is there of germ proliferation.

Into the ulcer is dusted powdered boric acid sufficient to fill it to the skin level, and over this are placed straps of diachylon plaster drawing the edges together as much as possible. Sterile gauze or cotton and a snug bandage from the toes to the knee complete the dressing, which should be changed every second or third day according to the demands of the individual case. In changing the dressings do not use solutions of any kind, but wipe away discharge and clean wound with pledgets of dry cotton or gauze.

If the margin of the ulcer be inflamed it may be advisable to relieve this by application of twenty-five per cent ichthyol ointment for a few days before resorting to the above dry treatment.

Syphilitic ulcers may best be treated with applications of bichloride 1-1000 or blue ointment fifty per cent, and in all cases regardless of the class to which it belongs bandaging should extend from the toes to the knee, and the foot kept elevated as much as possible.

1043 Madison Avenue.

Enclosed please find one dollar. Kindly continue the BRIEF to my address. Can not keep abreast of the medical science and fail to constantly read the BRIEF.—J. A. VISER, M. D., Pike, Texas.

THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.,
EDITOR AND PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

NEW YORK OFFICE, ASTOR COURT BLDG.

FOREIGN OFFICE:

AUCKLAND HOUSE, BASINGHALL AVE., LONDON, E.C., ENG.

Vol. XXXIII. February, 1905. No. 2

SUBSCRIPTION RATES—INVARIABLY IN ADVANCE.

United States and Canada, . . . per annum, \$1 00
Foreign (Postal Union), . . . " 7s. 6d

These rates include postage.

Advertising rates sent on application.

Write *only on one side* of the paper.

See how *short and plain* you can write.

Write articles intended for publication, and matter for editor, on *separate pieces of paper*.

Articles sent for publication in the **MEDICAL BRIEF** must not contain more than *seven hundred words*. Short, practical, *brief items* always wanted.

The **MEDICAL BRIEF** is mailed on the first of each month. If a number fails to reach you we will supply it, provided we are notified within a month.

 The Editor is not responsible for the articles of contributors. The **MEDICAL BRIEF** aims to publish articles on both sides of a question.

MEDICAL BOOKS.

We supply any **MEDICAL BOOK**, no matter by whom published, post-paid, on receipt of publisher's price. Send for our Catalogue.

Address, **MEDICAL BRIEF**, St. Louis.

The **MEDICAL BRIEF** has the largest paid circulation of any medical journal published anywhere.

[Written for the **MEDICAL BRIEF**.]

The Treatment of Uterine Hemorrhage Caused by Fibroids.

BY SEPTIMUS SUNDERLAND, M. D., M. R. C. P.,

Obstetric Physician at the French Hospital, London; Physician Royal Waterloo Hospital for Children and Women, London; Chief Physician Royal Maternity Charity of London; Corresponding Fellow of the American Climatological Association, etc., etc. London, England.

Fibroid tumor or myoma of the uterus is one of the most important causes of uterine hemorrhage, oftentimes most difficult to treat, and certainly one which, in the present day, requires the most careful consideration as to treatment, owing to the great advances which have been made in the surgical art during the past few years.

Uterine myomata are extremely common. It is probable that twenty per cent of all women over thirty-five years of age have fibroid uterine growths, although in many instances they do not cause trouble. The actual mortality is unknown.

Mr. Roger Williams considers that the deaths due to fibroids, excluding operation cases, amount to one in each two thousand cases, and that the number of those who suffer severely as the result of such growths is small, probably one in five hundred. They are most common between the ages of thirty and fifty. Bearing in mind the proportion of married to unmarried women, it is found that a large proportion of women suffering with fibroid tumors are single, and amongst the married the tumors are more frequent in sterile women. It appears that maternity lessens the chances of the occurrence of fibroids.

During pregnancy they increase in size, become softer and more vascular, and shrink again during involution.

The menopause is often delayed for several years, during which time the tumors may continue to grow, and the incidental hemorrhage and other troubles may increase rapidly. If the patient pass satisfactorily through the protracted or delayed menopause, the tumors generally decrease in size. Fifty-two to fifty-four may be roughly stated as the age at which the menopause occurs in such satisfactory cases. Bleeding from fibroids is sometimes alarming, but seldom fatal; sudden flooding is more common with malignant disease.

Menorrhagia, possibly with dysmenorrhea, is generally the first symptom of fibroids. (Menorrhagia is sometimes present with ovarian tumors, and it is not always easy to distinguish a soft edematous fibroid from an ovarian tumor.) After a time the bleeding may persist in the intervals between the catamenia. Sometimes irregular hemorrhages occur, or the bleeding will persist for months, and then appear only at the menstrual periods for a time.

The amount of loss varies to an extraordinary degree, without any direct ratio to the size of the growth. Sometimes one sees a small fibroid uterus, causing almost continuous bleeding, whilst a large growth

will, after gradually increasing in size over a period of years, still cause a menorrhagia of perhaps double or treble the normal amount of menstrual flow, and the patient with care and suitable treatment may, other complications being absent, carry her tumor with comparative comfort to the end of her life.

Mr. Roger Williams, after exhaustive research, definitely asserts, "Myomata have no special proclivity to malignant disease," and that "they are less prone to originate such changes than are the morphological elements of the uterus itself." This is important, for although occasionally malignant disease may occur in a myomatous uterus, there can be no argument to hurry on the operation of extirpation, through fear of the supervention of cancer.

Treatment.—When menorrhagia or metrorrhagia is a marked symptom of uterine myomata, the choice of treatment of the hemorrhage lies with the following, or a combination of two or more:

1. General and dietetic. 2. Rest and postural. 3. Local. 4. Drug. 5. Climatic. 6. Minor operative. 7. Major operative.

1. *General and Dietetic.*—Everything should be done to keep the patient in the best possible condition for bearing the strain of the hemorrhage, one great point being to attempt to relieve the attendant anemia. I shall refer to that when speaking of drug treatment. Warm clothing should be advised, and in many cases, the use of an abdominal belt will be found beneficial. It is uncertain to what extent diet may be serviceable, but the too free use of alcohol and red wines is to be deprecated, as also a dietary consisting largely of meat. During the catamenial flow, fluids should be taken in restricted quantities.

2. *Rest and Postural.*—Exercise should be abstained from, if possible, for two days preceding the usual onset of the catamenia, and the patient should rest in bed or on a couch during the first two or three days of the flow, or longer, if possible. Between the periods, exercise likely to cause increased flow of blood to the uterus should not be encouraged, such as the use of the sewing machine. With regard to bicycling, I must say I have patients with bleeding fibroids who insist on bicycling,

and whose condition does not appear to be aggravated by it. Possibly the resulting general improvement in the circulation, both venous and arterial, may account for this.

I am convinced, from experience, of the utility of insisting that blocks of wood four to six inches high should always be kept under the lower legs of the bed or couch. If retroflexion or retroversion exist, the patient should go to sleep lying on the abdomen, or lie as much as possible in a similar position when awake.

In cases where the tumor descends into the true pelvis, efforts may be made to press it up, and a suitable pessary inserted. It is remarkable what relief is sometimes afforded by posture and pessaries; inconvenience with the bladder and rectum are frequently corrected by these agents.

3. *Local.*—*Pessaries*, preferably celluloid or metal, are useful when flexions are present, especially when pelvic discomfort is experienced.

Hot Douches at a temperature of 115° to 120° F. may be used after the first day of the flow and continued two, three or four times daily till the period ceases. In some cases they seem to do good; in others only a temporary effect is produced.

For their satisfactory application, the patient should lie on her back. At least a gallon of water must be used, and care should be taken that the nozzle of the vaginal tube is not passed too far. It is a common occurrence for women to give themselves unnecessary pain by impinging on the uterus with the vaginal tube.

Plugs, either plain glycerin or glycerin with fifteen per cent of ichthyol, may be used once daily for a week preceding the flow, with the hope of withdrawing serum and lessening congestion of the uterus.

Tamponing the vagina through a speculum is useful in severe cases of menorrhagia, and may be done once daily during the flow with clean cyanide gauze, well packed around the cervix, and in the vagina. An antiseptic douche should be given before applying a fresh tampon.

Intra-uterine applications would be limited to a very few cases of small fibroids in which bleeding has not improved under other treatment; a solution of chromic

acid (one drachm to the ounce) could be applied, but I do not recommend this treatment as a routine procedure.

Dilating, tenting, or plugging the cervical canal.—In the occasional very severe and dangerous hemorrhages from fibroids, the cervical canal should be plugged with iodoform gauze, or a tent inserted, and the vagina tamponed.

4. *Drug.*—The effect of treatment by drugs is variable. In some cases very little effect appears to be produced, but in many instances the bleeding can be kept within bounds, and marked diminution in the menorrhagia is noticed. The old-fashioned ergot really appears to hold the first place on the list of drugs. The administration of drugs with the idea of absorbing the growths is probably useless, but a long course of small doses of ergot twice or thrice daily, either alone or combined with nux vomica or strychnia, given continuously for months, will, in many cases, check the bleeding and control the growth. The difficulty is to ensure that the patient takes the medicine, so that it is perhaps more advisable to administer the extract of ergot in pill form, one grain of ergotin twice or thrice daily; when the catamenia appear, the dose may be doubled or trebled for a few days. If patients will not take medicine, a hypodermic injection of ergot may be given in the buttock, or over the abdomen, three drops once daily of the British Pharmacopœial solution.

The injection should be specially prepared for the case, and the skin and syringe carefully sterilized before each injection. After a few weeks, if no uterine colic be produced, the daily injection may be increased gradually up to six drops. Sometimes the hypodermic injections cause uterine pain and irritation.

I have never seen, or at least I have never recognized, any injurious effects from the continued use of ergot extending over a period of several months, in women taking it from various causes. Occasionally, with large doses, uterine pain may be complained of, but the addition of two or three drops of laudanum to each dose will usually check it. I have often given drachm doses of ergot for months at a time to patients with subinvolution or fibroids; occasionally they complain of

headache and giddiness, and some women say they get headache after small doses. When heart disease is present, ergot should be given with caution, and it may be entirely contra-indicated in some cardiac cases.

The ammoniated solution may also be advised.

Time back I prescribed a standardized preparation of ergot, called *ergole*, but could not convince myself that its action was any better than ordinary liquid extract, if the latter be obtained from a good chemist.

In sudden severe floodings, a hypodermic injection of citrate of ergotin (one-fiftieth of a grain) could be used, and another one-fiftieth could be injected in a bad case. The amount of the dose of ergot when administered continuously for a time, should be regulated by the amount of bleeding.

In some cases of menorrhagia from fibroids it will suffice to give the ergot during the menstrual flow only; say a drachm of liquid extract, or three to five grains of ergotin, three times daily till the flow ceases.

Liquid extract of *hydrastis canadensis* in doses of twenty minims will be found useful in some cases given continuously for a long period. In cases where ergot causes pain, a combination of *hydrastis*, *viburnum prunifolium* and *Jamaica dogwood*, the latter a sedative and anodyne, will be found useful.

Stypticin (dose one-fourth to one-half grain), a coined name for hydrochloride of cotarnin, which is a product of the opium alkaloid narcotin, has acquired some reputation during the past few years as a uterine hemostatic, and may be tried if ergot and other drugs fail to lessen the bleeding. A very good combination is *stypticin*, ergotin, *hydrastine hydrochloride*, and *cannabin tannate*, in the form of pill or tablet; one, two or three may be given three times daily. The *cannabin tannate* has also a reputation for menorrhagia. These would be specially indicated if ergot alone should cause pain and should not seem to check the flow.

Calcium chloride, acting by its power of favoring coagulation of the blood, is recommended by some writers. It should be given continuously between the periods.

The dose is from twenty to forty grains. Dr. John Campbell, of Belfast, recommends it in combination with hydrastis.

The bromides will be found useful in neurotic and excitable patients, or when there is ovarian irritability, and may be combined with ergot or other drugs. Saline purgatives are useful, if constipation be present.

One important thing to remember with regard to drug treatment is that in cases where one is endeavoring to control the growth, medicines must be given for months at a time. When endeavoring only to check the bleeding temporarily, larger doses must be given.

Iodipin (iodine in sesame oil) has been used subcutaneously during the past eighteen months by my friend Dr. John Shaw-Mackenzie, who claims success in the treatment of some of his cases. He also recommends the intra-muscular injection of benzoate of mercury.

The treatment of the anemic condition produced by severe menorrhagia of fibroids is often difficult and the doctor is in despair; no sooner is the patient's blood getting into a more healthy condition than on comes the menorrhagia and his patient's strength again is sapped.

With regard to the use of iron during the interval, I certainly think it may be tried, especially if ergot be administered at the same time, although in some cases I have felt sure it did increase the menstrual flow, and was obliged to discontinue its use. I have a fancy for the peptonates of iron, and the Fer Robin, a French preparation, I consider excellent.

In some cases then, in preference to iron, the patient should take raw meat juice or some of the popular preparations of blood now sold by chemists. I can strongly advise cod-liver oil, or some of the extracts of cod-liver oil now to be procured.

5. *Climatic and Spa Treatment.*—In the London *Lancet*, of October 15, 1898, I published a paper recording the beneficial effects I had noticed on uterine hemorrhage in patients who had sojourned for a time at high altitudes. I can, therefore, confidently recommend prolonged residence at a high dry bracing place where the soil is dry and the air is as free from moisture as possible.

In order to improve the anemic condition of patients, advantage should be taken of fresh air and sunshine, and they should sit or lie out in the open air as long as possible in suitable weather.

In England the bromo-iodine waters of Woodhall Spa, in Lincolnshire, have a certain reputation for the treatment of myomata, and a systematic course of douching and baths, combined with the change of air, is sometimes of benefit in controlling the growths and the hemorrhage.

The similar waters of Kreuznach, in Rhenish Prussia, are not so strong. Many women with fibroids go there for treatment, but the climate is somewhat relaxing, as Kreuznach lies in a valley. Recently a new spa has been brought to notice at Salzmaggiore, in Italy, with similar waters.

6. *Minor Operative.*—If a polypus growing from the cervical canal present at the external os, it should be removed with a snare or cut away with scissors, or a fringe of polypi around the cervix may be best treated by removing a portion of the cervix. When the cervix is found dilated, and intra-uterine polypus is suspected, the cervix must be further dilated, and the polypus, if present, removed.

In the small fibroid uteri, which are causing hemorrhage sufficient to injure the health of the patient, I always advise a preliminary dilatation of the cervix and exploration of the uterus with the finger, and curettage of the uterus. In some of such cases an ingrowth of myomatous tissue will be found in the cavity, possibly polypoid in form, in which latter case it can be removed by a snare. If the ingrowth is sessile it should be left without attempting removal, though it is possible in certain cases to shell out such a growth, but the risk of perforating the uterus does not, in my opinion, justify such a measure.

Assuming a polypoid growth be found and be removed, the patient has a good chance of cure of the hemorrhage, though, of course, there may be other fibroids present which may after a time cause renewed bleeding, or another polypus may form.

If the endometrium which is scraped away be found very thickened, the prognosis as to diminution of the bleeding is

in my experience very good. In such small fibroid uteri I would never advise hysterectomy without a previous exploration or curetting. I know it is the fashion nowadays amongst some surgeons of undoubted skill, and whose mortality in the operation is very low, to remove many small bleeding fibroid uteri, but I most strongly urge that in such cases as I have just described, the patients should not be exposed to the risk of a major operation without a previous exploration and curetting, the risk of the latter being only slight. In bygone years, when removal of the ovaries for bleeding fibroids was such a common operation, one saw from time to time that the hemorrhage from the uterus continued after the oöphorectomy, and that when an exploration of the uterine cavity was made, a polypoid ingrowth was found.

I am convinced that many of these small bleeding fibroid uteri which get removed by enthusiastic surgeons, would be relieved by the curetting, even if no polypoid growth were found. Especially if there be uterine pain and some dilatation of the cervix, should the presence of a fibroid polypus be suspected, the pain being caused by the efforts of the uterus to expel the growth.

Hemorrhage may occasionally occur from a large fibroid uterus which has previously given little trouble, and may lead the surgeon, not suspecting pregnancy, to extirpate the womb. I have seen the uterus in such a case removed, containing a three months' fetus.

If pregnancy occurs in a large myomatous uterus, and the patient commences to abort, it may be necessary to complete the abortion; this is not altogether an easy matter when the uterine cavity is of large size.

7. Major Operative.—(1) Oöphorectomy, In a certain number of cases, removal of the ovaries may be advised, and I would limit this operation to those cases of small uterine myomata which are bleeding profusely (and may be also causing pain), a few years before the average time for the expectation of the menopause, or to similar cases which have reached or passed the average time, assuming always that the bleeding can not be controlled by other measures, and that other symptoms

do not suggest the advisability of hysterectomy. An artificial menopause will then in all probability be produced if the whole of both ovaries be satisfactorily removed.

(2) Hysterectomy. It is not often in myomata that the symptom of hemorrhage *per se* will call for extirpation of the womb. It is usually when considered in conjunction with other symptoms and troubles that it turns the scale in favor of a radical operation. It may be as well to mention these other troubles which, of themselves make operation necessary in some cases of fibroids.

They are: (a) Pressure symptoms causing great pain, dysuria, retention of urine, and intestinal obstruction.

(b) Tumors which have become septic, or are inflamed by torsion of the pedicle or other cause. This, of course, includes sloughing or gangrenous fibroids. Cystic tumors become inflamed or twisted most readily, and, therefore, more frequently require removal.

(c) Enormous tumors causing marked deterioration of health.

(d) Certain tumors in pregnant women.

In cases where the hemorrhage is of an alarming character on account of severe floodings occurring occasionally or frequently, or when menorrhagia is severe, causing a debilitated state of the whole system, or if hemorrhage continue dribbling without scarcely ever ceasing, also causing prostration and inability to carry on the ordinary duties of life, the symptom of hemorrhage alone, apart from other causes, may justifiably lead the physician to recommend extirpation of the uterus, either *per vaginam* or by the abdomen; the choice of the vaginal or abdominal operation would be decided from the size of the tumor, and other circumstances. One or both ovaries should be left, if possible, if the patient be under the age of forty.

In some cases the responsibility of deciding whether a patient shall undergo the operation of hysterectomy will tax the thinking powers of the conscientious and earnest practitioner, who, prompted by the desire to do his duty to his patient, and to guard her from unnecessary risk, as well as to maintain his own reputation

as a sound adviser, may spend many anxious moments before he gives a definite opinion as to the advisability of operative procedure.

He should carefully consider all the circumstances of each particular case. At the present day—within the last few years—some surgeons have been removing the uterus in a somewhat wholesale manner. They consider the operation advisable in a large majority of the cases of fibroids which enter their consulting rooms. These surgeons may be divided into two classes: (1) The matured and brilliant surgeon, whose recognized skill and success in such operations makes him forget that a certain percentage of mortality must ensue. (2) The youthful enthusiastic operator, without experience of the life-history of such cases, thirsting for fame and practice, encouraged by the successes of the first class, he is the more dangerous of the two, the knife is in his hand, and he considers fibroid tumors exist to be removed.

In contrast with these, it is possible to go to the opposite extreme. There are physicians of mature years and senile notions who, looking back upon their past record of good work done and success achieved by methods which in years gone by brought them fame, do not seem to grasp the fact that the discovery of Lister, the work of the brains and hands of many surgeons, and the improvement in technique, have produced a comparatively low death-rate in an operation from which the mortality in their early days was terrible.

Who is more fitted in these extreme cases to guide by his report and observations the opinions of specialists than the practitioner who has watched the case, perhaps, for years?

The judgment of such an one must therefore be guided by his knowledge of the life-history of the patient, of the severity of her symptoms, of her circumstances of life, of her temperament, of what the continuance under the existing conditions would mean to herself and her family. He must not hesitate, when in consultation, freely and fearlessly to offer his own views, no matter whether in the presence of the mature and brilliant surgeon, of the youthful enthusiastic operator, or of

the senile physician, whom I have introduced as types only to illustrate my remarks.

[Written for the MEDICAL BRIEF.]

Chronic Lead Poisoning.

BY CHARLES D. F. PHILLIPS, M. D., LL. D.
(ABERD.); LL. D. (EDIN.); F. R. S. ED.;
F. R. C. S. ED.; M. R. C. P. (LOND.).

Honorary Fellow of the Medico-Chirurgical College, Pennsylvania; Member of the Academy of Medicine of America; Late Examiner in the University of Edinburgh, Glasgow and Aberdeen, and Lecturer on Materia Medica and Therapeutics at the Westminster Hospital, London. London, England.

Chronic lead poisoning is so common a complaint, is the bane of so many trades and occupations, is so widespread and produces such disastrous effects on almost every organ of the body that no apology need be offered for dealing with the subject from the point of view of the pharmacologist.

Workers in lead, such as compositors, plumbers and painters, absorb the metal in part by the skin, in part by the lungs, and sometimes from eating with unwashed hands directly with the food. Injurious effects are not uncommon from the application of cosmetics and dyes containing lead to the skin and hair.

Once with the system lead remains for a long time, in small quantities at least, and may be deposited in almost every organ of the body. It passes through the placenta to the fetus, and has been found, not only in the blood and the liver, spleen and kidney, but also in the muscles, bones, and nervous system. In two cases of lead poisoning which occurred at a lead factory in the east of London, the brain contained large quantities of lead, in one of them as much as 117.1 milligrammes of the sulphate. This may account for the serious nervous effects absorption of the metal produces. Ebstein records the case of a man, aged forty-three, a lacquerer, who had had lead colic for eight years; there was no blue line on the gums, lead was not found in the muscles, but it was in the brain.

Lead is eliminated chiefly in the form of chloride through the liver, skin and mucous membranes, especially those of

the urinary tract. This process is markedly promoted by iodide of potassium, iodide of lead, which is excreted with comparative ease, being formed.

The subject of chronic lead poisoning is exceedingly interesting both to the pharmacologist and the practical physician. Some of its symptoms have occurred from the medicinal use of the acetate, and from the continued use of minute quantities rather than from massive doses. Thus Sir R. Christison gave eighteen grains in two days without injurious effects, whilst one-fifteenth grain given two or three times daily for two months caused in a child fatal poisoning. As a rule, the worst effects of any medicinal use of lead limit themselves to an attack of colic, and the severe symptoms about to be described need not be feared from it.

The ordinary "lead colic," or plumbism, is traceable most frequently either to the mechanical use of metallic lead, its oxides or carbonates, or to the ingestion of these salts dissolved in drinking water. After some general malaise, disordered taste, dryness of the mouth, fetid breath, anorexia and constipation, abdominal pain is usually the most marked symptom, but not invariably, for Garrod found it absent in two or three per cent of his cases. When fully developed it is much more intense than ordinary colic; it is referred mainly to the region of the navel (the colon), but severe cramp-like or neuralgic pains dart in many directions, towards the loins, the scrotum, the chest, and the thighs; it has a twisting, tearing character, so that German miners name it commonly "Hutten Katze" ("cat of mines"). It comes on in paroxysms, remaining constant but dull in the intervals, the whole attack lasting from a few minutes to several hours. It is often worse at night, but its recurrence is irregular. Relief is found from firm pressure and altered position, and the sufferer either lies flat on his face, pressing the abdomen or is doubled up, bending his legs, or rises suddenly, still pressing the painful part with his hands, till a violent paroxysm again sends him to bed. Restlessness is extreme, and the whole attention is concentrated on the pain. The abdominal walls are rigid, knotty,

and drawn in, there is commonly tenesmus, and the rectum has been felt to contract and relax spasmodically. The liver is retracted, or actually lessened in size; the intestines are drawn into less space from contraction of their muscular coat, and in prolonged cases, after the abdominal fat has been absorbed, the retraction of the belly becomes very striking.

Tanquerel and Burton were the first to describe, as common in plumbism, a dark blue or gray line along the free edge of the gum, together with a brownish coloration of the teeth. Though a valuable sign, and often present, it is not always so, nor does it necessarily imply saturation of the system; it varies in its time of appearance according to the dose, but has been seen within twenty-four hours of administration of one large quantity; twenty to thirty grains, in divided doses, may develop it, and when once seen it is persistent, lasting twelve months at least after its cause has ceased. Similar colored patches may often be found on the buccal mucous membrane. The coloring depends on the formation and deposition of lead sulphide from the sulphuretted hydrogen evolved from particles of food left about the teeth, and it may be prevented by perfect cleanliness. It is usually distributed in rounded loops corresponding with the vascular papillæ of the mucous membrane, and depends on small pigmented granules, some of which are external to, and others within the small vessels. It is probable that the gas from the decomposition of food particles diffuses into the textures of the gum, and then combines with lead circulating in the blood or lymph, so that particles of lead sulphide are really precipitated. A similar condition may be present in the intestinal membrane. The administration of iodide of potassium sometimes induces its rapid development.

I can not so readily explain the pathology of the colic. It is in part dependent on constipation, for it is relieved when purgation is secured; yet Briquet claims to have relieved it more quickly by Faradism of the abdominal wall without any aperient effect. It is dependent partly also on irregular muscular contraction of the intestinal tube, and is

partly enteric neuralgia. Harnack, using the triethylate of lead, which can be injected directly into the blood, found that the nervous ganglia in the intestinal wall were stimulated, in consequence of which sometimes diarrhea resulted from increase of peristalsis, but more usually there was firm contraction of the intestine leading to severe constipation; the former was more often seen in animals, the latter in man. The contraction of the bowel, he held, explained the colic. I think, however, that the irregular muscular contraction of the intestinal wall, which is the physical basis of the colic, is due not to a direct action of the lead on the muscular fibre, but to an indirect action through the nervous system.

Ordinary medicinal doses of lead do not usually produce definite effects on the nerves or muscles. It is in chronic plumbism that affections of the nerves and muscles become marked and significant, various forms of neuritis and paralysis almost always appearing. The most common is a paralysis of the extensor muscles of the wrist and fingers, leading to a condition known as "wrist drop," from the peculiar manner in which the hand hangs down when the limb is extended. This occurs more often, or earlier, on the right side than the left—the fingers and wrists are flexed, and the hand pronated, the elbow stands out from the side, and the forearm bends on the arm—wasting of the affected muscles quickly follows, especially of the small muscles of the thumb. A special plastic, or fungoid, form of synovitis in the sheath of the extensor tendons has been described.

Sometimes other muscles are affected—thus, strabismus has been noted from paralysis of the ocular recti, and aphonia from laryngeal palsy. Death has resulted from paralysis of the respiratory muscles; in a case where this was imminent, recovery occurred under atropine, which was presumed to stimulate the respiratory center. Although the paralysis is generally of the forearm type, giving the double drop-wrist, yet it is not infrequently of the upper-arm type (in which the deltoid, biceps and supinator longus are implicated); sometimes it has the characters of an ordinary progressive muscular

atrophy (Aran-Duchenne), attacking first the small hand muscles, and in about thirteen per cent of the cases it attacks the legs first (peroneal type). Of the special senses, sight is the most often affected, amblyopia occurring sometimes without the presence of any changes in the fundus, though double papillitis or neuro-retinitis are not unfrequently seen. Oliver has recorded cases of primary papillitis, and Lockhart Gibson has described cases in children where there was much swelling of the disc. In these cases there was no albuminuria, but lead was found in the urine. Impairment of vision often persists, and in some cases ends in absolute blindness. Permanent loss of sight may occur also from a chronic atrophy of the optic nerves independent of papillitis.

It is not uncommon for the hearing to suffer, and common sensibility is sometimes altered. There are occasionally patches of anesthesia, and sometimes hyperesthesia is developed. From experiments on animals Curci concludes that lead specially irritates the vagus, and he thus explains the slowing of the heart action.

During an attack of lead colic the intellect is, as a rule, clear, but in long-continued cases the moral courage and the spirits give way, and sometimes in the course of the illness distinct delirium occurs, generally of the form "delirium of dread," not unlike delirium tremens. The patient is afraid of being alone, especially at night, and has visions of black and creeping things. The encephalopathic, or fulminant, cases may result in death in a few hours. In the cases where recovery occurs, there may persist blindness, or epilepsy, or insanity.

The fits, which are due to the presence of lead in the blood, resemble those of uremia and alcoholism. Indeed, are indistinguishable from true epileptic attacks. Other cerebral symptoms, such as headache, delirium and coma, have been recorded; insomnia is usual. A comparison may be drawn between the effects of alcohol and of lead, both upon the nervous system and the kidneys. Of one thousand three hundred and ninety cases of lead poisoning, there was colic in eighty-eight

per cent, paralysis in seven per cent, and encephalopathy in five per cent.

Whether the muscles or nerves are primarily affected, and in the latter case whether the peripheral branches, or the centers are most at fault, has been much debated. Giacomini attributed the colic to direct muscular irritation from deposition of the metal in the abdominal muscles and the diaphragm, pointing out that superficial pressure often gives pain, even over the iliac crests, whilst firm supporting pressure relieves.

Tanquerel maintained that the colic was due to irritation of the great ganglionic centers, though signs of this could only be found in one out of forty *post-mortem* examinations.

Heubel argues that the peripheral intramuscular extremities of nerves are at fault rather than the main trunks. On the other hand, Bernhardt asserts that the real lesion is in the gray matter of the cord, and most modern observations point to the same conclusion, at least in chronic conditions; lead has been found in its substance in some cases, and a granular partly atrophic state of spinal cells has been verified in one instance. Popow finds that lead, like arsenic and mercury, produces a central myelitis of the spinal cord. The affected muscles and corresponding nerve-trunks are much atrophied, so that sometimes scarcely one normal fiber can be found. The view that the nerve centers are the seats of the lesion is supported by the fact that large quantities of lead are found in both cerebrum and cerebellum. In animals choreic movements occur, and even convulsions, without impairment of sensation or consciousness. It would seem that the motor areas of the central nervous system are more affected than the sensory.

Harnack explains the colic by an action on the intestinal ganglia. He holds that the action on the muscles is a primary one, although certain observers have stated it to be secondary to degeneration in the spinal cord. In acute poisoning, before any affection of the cord has had time to affect the muscles, he describes the latter as being easily fatigued so that they can not be tetanized by repeated electric stimulation.

Recent research has shown that it is more than likely that the whole neuron is affected by the lead poison. The peripheral nerves are undoubtedly degenerated, but the fact that the supinator longus escapes in the ordinary wrist-drop indicates an affection of the centers in the cord as well.

Of the cerebral phenomena, to which the term saturnine encephalopathies has been applied, epileptiform convulsions are the most common; they may occur early, and come on suddenly without warning, and are usually accompanied by headache, vertigo and dimness of vision. The convulsions which ensue later are usually associated with an albuminous condition of the urine.

Full medicinal doses of the acetate slightly lower the force and frequency of the pulse. In chronic conditions of lead poisoning the pulse is small, hard and usually slow, and the sallow, bloodless skin has an icteric tint, anemia is marked, and there is more than the normal amount of liquor sanguinis, as well as fewer red corpuscles. Malassez states that these are increased in size. Cardiac murmurs are common in lead workers, and the heart and great vessels have been found smaller than usual after death. Henle considers that the vessels are contracted (during life) by direct irritation of their muscular coat by lead circulating with the blood; certainly vascular tension is much increased in plumbism, as clearly shown by the sphygmograms.

Chronic lead poisoning often leads to abortion, and if this does not occur, the children born are delicate. Of one hundred and twenty-three conceptions amongst lead workers, fifty children only were born alive, and of those but fourteen survived infancy. It would seem that the influence of one parent only affected by lead is enough to produce these results. Amenorrhea and menorrhagia have been traced to working in lead, and pills of diachylon are largely used to procure abortion, especially in factory towns.

The influence exerted by this drug upon the kidney is of great practical importance. Albuminuria is not uncommon in acute plumbism, and is then connected

probably with an altered condition of the blood, but in chronic cases a directly injurious action is exerted on the kidney structure, leading to chronic interstitial nephritis. It is said to be due to the deposition of earthy matter in the looped tubules, causing their blocking, and consequent cirrhosis. Shearman has recorded two remarkable instances of albuminuria in one family, traceable to the use of drinking water impregnated with lead; characteristic palsy was also present. The cases recovered for a time after removing the cause, but later one died of apoplexy, the other of Bright's disease. In a clinical lecture on the subject, Oliver concluded lead to be a "special poison to the renal cells," but all metals, if absorbed, affect the kidneys more or less severely.

During a paroxysm of colic the amount of urine is diminished, and it is passed with difficulty. It is proved also that the excretion of urates, urea and uric acid from the blood in its passage through the kidneys is lessened under the influence of lead, hence a larger than normal amount remains in the blood, and the patient becomes exposed to gouty attacks. Indeed, acute gout may be developed in susceptible subjects by the administration of lead salts, and it is calculated that thirty-three per cent of gouty patients had been exposed in some manner to the action of lead. Pains about the joints and deposits of urates are not uncommon in saturnine cachexia.

Of the different workers in lead, oxide of lead, or "white lead" (carbonate), those who grind it in factories are most liable to suffer, though less so now that the powder is ground with water, but house painters and coach painters, plumbers, pewterers and compositors, makers of certain white glazed cards, hat pressers, bleachers of Brussels lace and glazers of pottery are often affected. Severe symptoms have sometimes arisen from sleeping in a newly painted room, or from breathing the smoke of burning painted wood. Amongst exceptional and little suspected causes of plumbism, are the handling of vulcanized rubber and black horse hair colored by lead sulphide, the use of hair washes, dyes and cosmetics containing lead salts, breathing

dust from "American cloth" whitened with lead salts, and in the process of making yellow cord fusees (chromate of lead): The case is recorded of an infant one and three-quarters years of age, who developed lead poisoning from the treatment of a general eczema with diachylon ointment. Poisonous symptoms have followed in an infant after the application of strong lead lotions, or "metallic shields," to the mother's nipples, and in children from yellow confectionery (chromate). Chewing "tea lead" (in which tea is wrapped), using snuff that had been wrapped in similar "foil," the use of soda water from lead syphons (free tartaric acid is said to help in this case), bathing in water impregnated from a leaden pipe, drinking wine from bottles which had been cleansed with shot, have all caused plumbism. Cases of lead poisoning have been recorded in a shoemaker from putting nails in his mouth, in a cigar roller from cutting cigars on a lead plate and putting the knife in his mouth; in a diamond worker who fixed small diamonds in masses of lead before proceeding to cut them; and from the manufacture of artificial flowers.

Two epidemics have occurred—one at Taunton (England), another in France—from flour ground between millstones that had been mended with lead, and even the handling of lead machines, as in ice-cream making, or cameo polishing, or cleaning "beer engines," or brass handles (as engineers do), has induced colic. Cases of lead palsy occurring in children in Australia were traced to the drinking of ginger beer which was found to contain one milligram of lead in twenty-four ounces.

There is reason to think that "dry colic," or enteric neuralgia, of tropical countries is connected with lead. Gubler gives instructive instances of its development from the use of lead cosmetics in creoles. Mialhe and other French physicians speak of lead colic being frequent on shipboard, and connect it with the action of a saline atmosphere on lead. It is especially frequent in Newcastle, "the home of the lead trade."

Excepting in the trades mentioned, the most frequent source of lead poisoning

is the use of drinking water impregnated with the metal or some of its compounds. Bad symptoms have resulted from so small an amount as one-fortieth grain per gallon, and one grain per gallon is a surely dangerous dose. It is to be noted that the freer the water from saline ingredients, the more readily it takes up a soluble carbonate formed on the metal pipe or cistern. The formation and solubility of this are also favored by much organic impurity, free access of oxygen, a little nitric or other acid, or the presence of a second metal (iron as well as lead). Carbonic acid in pure water also favors solubility, although in certain circumstances it may act differently. Lime and other saline constituents will, on the other hand, if present in the water, lessen the liability to contamination by forming insoluble coatings on the metal; otherwise, no doubt, plumbism would be still more common than it is.

Epidemics have occurred at Huddersfield, Bradford, Sheffield and Kelghley (England). In several of these the public water supply from moorland was found acid, and the acidity on which the plumbo-solvency of the water depends has been shown to be due to the effect of peat.

There is a great difference in the susceptibility of different individuals to the poisonous action of lead—as may be verified in any large factory—and it is comparable to what has been noticed with arsenical wall papers. One attack of colic predisposes to another, which may follow after a long interval from a comparatively slight cause—thus a man who had suffered as a house painter turned gamekeeper, and got an attack long afterwards from stirring shot in water with his hands; and a house painter, who, on account of wrist-drop, became a college porter, had a relapse a long time after complete recovery, from sitting in a newly-painted porter's box. Women, and especially girls, are more susceptible than men. The most susceptible of all are underfed girls who have been living in bad hygienic surroundings before commencing to work with lead.

In chronic cases of lead poisoning an alkaline iodide should be given internally, and sulphur baths should be used

containing seven ounces of sulphuret of potassium, or its equivalent. During half an hour of bathing, frictions should be employed, and soap should be freely used afterwards. Electricity should be applied to the affected muscles—Faradism if it causes contraction; if not, the continuous current three or four times weekly for a quarter of an hour, whether it induces contraction or not; in curable cases it will ultimately do so.

Purgatives should be freely given. Castor oil will remove the lead excreted into the intestine. The best results are obtained, however, from magnesium sulphate given with potassium iodide. Under the influence of the latter drug the lead is excreted by the bile and intestinal secretions, and is then immediately removed by the epsom salts, and thus reabsorption of the poison prevented.

Fatty food is said to antagonize the development of plumbism in lead workers, and a long prevalent colic in large lead works in Birmingham was stopped by the free use of a "treacle-beer" containing sulphuric acid. Washing the hands before eating is important, and washing with petroleum is prophylactic.

Dr. Murrell recommends the following prescription in cases of chronic lead poisoning:

R Magnesia Sulphatis.....	2 drachms.
Ferri Sulphatis.....	3 grains.
Acidi Sulphurici Dilati.....	15 minims.
Spiritus Chloroformi.....	15 minims.
Tinctura Belladonna.....	10 minims.
Tinct. Capsici.....	2 minims.
Aq. Menth. Pip. ad.....	1 ounce.

The sulphuric acid converts the lead into an insoluble sulphate which the magnesia salt expels from the intestine. The iron acts as a hematinic, whilst the belladonna relieves the colic. The other ingredients are carminatives.

Find enclosed one dollar for renewal of the MEDICAL BRIEF. I have been taking the BRIEF for about ten years, and could not get along without it.—C. E. HOSTETTER, M. D., Ft. Pleasant, Ohio.

A dollar put in the BRIEF is worth many placed elsewhere.

[Written for the MEDICAL BRIEF.]

The Principles of Electro-Therapeutics.

BY A. D. ROCKWELL, A. M., M. D.,

Formerly Professor of Electro-Therapeutics at the New York Post-Graduate Medical School and Hospital; Ex-Electro-Therapist to the Woman's Hospital in the State of New York; Neurologist and Electro-Therapist to the Flushing Hospital, Fellow of the New York Academy of Medicine; Member of the County Medical Society, New York Neurological Society, Etc. New York City.

A question not without interest to those who give time and study to electricity in medicine, and one, too, that ought to be of interest to the profession at large, is the place that electro-therapy should hold in the nomenclature or ethics of the healing art. No one, I take it, who works on any but the narrowest lines, would care to be considered an electro-therapist only, and still less would he relish the designation of electrician so senseless in its application to the physician. Electrotherapeutics can not be considered a specialty in the sense that neurology or ophthalmology are specialties. Like hydrotherapeutics it is simply the application of a single remedy—a remedy to be sure having an enormously wide range, and double-edged and many-sided.

Electricity belongs to every general practitioner, and to every specialist, but more distinctly and properly, perhaps, to the neurologist. It often aids him in diagnosis and prognosis as no other instrument of precision can, and as a palliative in some organic conditions, and as a curative in some of the functional neuroses, it is invaluable. It belongs to the surgeon, for the cautery and electrolysis give him valuable adjunct weapons to his knife.

Gynecology, obstetrics, ophthalmology, laryngology, can find more than occasional uses for its powers, while its well attested influence over nutrition, its power to modify the nameless and numberless phenomena that energize the living tissue, must give it a place in general medicine.

Unfortunately, however, for its general and successful utilization, a far more intimate acquaintance with its physics and physiology, and with the laws which

govern the action of its various manifestations on living tissues, is demanded of the average practitioner than he can claim to possess. In the first place he must recognize the fact that electricity is a generic term, and is not for the purposes of therapeutics, a simple single manifestation of force, but susceptible of so many modifications of its units of measurement, that we get various currents, so-called, differing so widely in their effects that these currents may be almost said to differ in kind as well as degree. How many physicians who undertake to utilize electricity in their practice have studied, much less understood Ohm's law? And yet this law is the foundation upon which is built the whole superstructure, and without a knowledge of it no one can be a master in electro-therapeutics, any more than he can be a master in astronomy without understanding gravitation. As regards the principles underlying the therapeutics of electricity. The production of anelectrotonos and catelectrotonos were the conditions formerly believed to be necessary for the excitation, or the relief of sensory symptoms. We know now, however, that while in physiological experiment on the exposed nerve, these conditions are important factors—the principle does not hold to the same extent in therapeutic work. The two principles upon which we must mainly rely, it seems to me, in the use of electricity for diseased conditions are:

1. Its influence over vaso-motor activity.
2. Its action on the nerve units of the body.

Pain must be, as a rule, if not invariably, due to nerve pressure. If structural changes or organic conditions cause the pain, it is well understood that it is either incurable, or will yield only to operative procedure. If it be due to blood pressure, as is evidently the case in the majority of instances, the relief of pain is coincident with the relief of pressure. Electricity is quite capable of exciting the activity of the circulation through congested areas. It induces a sort of circulatory drainage, acting very much on the principle of heat—the difference being that its effects are more far reaching, as evidenced, for example, by the influence

of massive doses over the pain of deep-seated, malignant growths. The second underlying principle, viz.: the action of electricity on the nerve units, or neuron bodies, while more conjectural as to the nature of this action than vaso-motor effects, seems yet to be a necessary theory to account for the very remarkable effects so often obtained through the use of this agent in the various neuroses—in such conditions as neurasthenia, hysteria and hysterical paralysis, and those cases of mental disturbance that have not yet crossed the border line separating them from actual insanity. The neuron concept has not yet grown into an established fact. Indeed, much doubt has been thrown by later histological studies on this theory of the transmission of nerve impulses, but whether these nerve impulses are transmitted from the center towards the periphery through a permanently continuous chain of nerve tissue or through individual nerve entities that are in contact by contiguity rather than by continuity, the fact remains that the nerve wave is frequently interrupted in its course. Sometimes this interruption is permanent, sometimes only temporary. If permanent, the causes are organic or structural, and we get some form of incurable paralysis or insanity. If temporary, we have to deal with what, in our ignorance, we term a functional causation, and the paralysis, or amnesia, or mental disturbance either recovers spontaneously, or is amenable to treatment. If we accept the theory of amoebic movements, by which is meant the power of the neuron under pressure to expand and contract by means of the protoplasmic prolongations by which their connections between neuron and neuron are alternately made and broken, we not only have a convenient, rational theory in explanation of the functional neuroses, but an explanation as well of the curative effects of purely neuro-motor excitations, and of psychical methods of treatment. There is no form of electricity but what has a certain influence in this direction, yet for the purpose of increasing general nutritional activity, exciting metabolic changes, and developing the potential energy of the cell life, it seems to be the general consensus of opinion that we

have in these currents of high frequency, and high potential, an energizing principle superior to the other electric modalities. On the neuron the influence of all high frequency currents, and of what is termed vibratory therapeutics, must in the main be mechanical or electro-tonic. Changes are produced in the excitability of the neuron. New connections may develop from out the protoplasmic prolongations, opening up new paths of conduction for the transmission of the nerve waves, the obstruction of which give rise to so many symptoms of disease.

The powerful influence of strong emotional excitation in dissipating certain functional nervous symptoms has long been recognized. It is believed that these purely emotional neuro-motor excitations accomplish these results by overcoming the non-conductibility of the resistant neuron. In the same way it seems rational to believe that when a patient is placed within the field of influence of currents of high frequency, or is subject to such influences as central galvanization, or the static wave current, the resultant effects over sensory, motor, and mental symptoms are due to the power of these electric impulses to so stimulate the cell energy as to open up new paths for the transmission of the nervous current. It is no very difficult matter to say what electricity will not do. It is almost a self-evident proposition to say that it will not cure, or, as a rule, greatly benefit locomotor ataxia, and the various forms of paralysis due to central lesion, or the cirrhotic kidney due to Bright's disease. There are cases of pseudo-ataxia simulating the true form, and cases of hemiplegia due to no serious structural damage, and these are the ones which electricity has seemingly benefited. There is, nevertheless, one very serious form of central paralysis—polymyelitis—in which experience has shown that electricity is most efficient, and in a certain sense, curative. Whether it acts by helping to arrest the progress of cell degeneration through direct action upon the cord itself, or reflexly, as Larat asserts, through excitation of the atrophied muscles, is immaterial. Experience has abundantly shown its very positive value

in this disease, both in the adult and the child.

Electricity will not cure, nor in all probability greatly benefit chronic Bright's disease, but who can define the boundary line that separates simple hyperemia, with its albumen and casts, from those structural changes that we term Bright's disease. In those milder indications of renal disease, however, that are often persistent, and lead to grave issues, electricity properly differentiated and applied is of unquestioned value. We believe the rationale of its use consists in arresting inflammatory action and congestive pressure through heightened circulatory drainage and increased filtration; in short, by its influence over vaso-motor activity. By removing the inflammatory products which block up the uriniferous tubules much can be done towards the prevention of more serious and chronic complications, hastening the recovery of those cases which have not yet crossed the border line of incurable organic change.

We believe that electricity in medicine is an important factor for good or evil. We take no issue with those who hold that its importance has in many ways been overestimated, but we do take serious issue with those otherwise intelligent physicians who say, I do not believe in electricity. They might as well say that they do not believe in heat or cold—air or water. Of those who say they have tried electricity and found it altogether wanting, it can only be said that the remedy has not received a fair trial at their hands; in other words, they have failed in persistency or technique. No man's opinion of electricity in medicine is of value without he has persistently and intelligently made use of it with his own hands. It will not do to relegate its use to nurses and untrained assistants. Its use in public hospitals and dispensaries is almost always unsatisfactory, for the obvious reason that even if it is applied correctly the requisite time and attention are not apt to be given to this class of patients. More than any other remedy, perhaps, the administration of electricity demands time and careful attention to minute details.

The difficulty of the beginner in the use of electricity in medicine is that he is apt to have incorrect ideas of its general therapeutic action, as well as of the general law of its application. More than this, he not only fails to differentiate in the choice of the electro modalities, but too often insists on treating the name of the disease rather than the condition of the system, of which the symptoms are the result and expression. As I have said elsewhere, if we would get the best and quickest therapeutic results, our motto should be differentiation. Not only must we strive through theory and practice to adjust electric modalities to pathological conditions, but the personal equation in each case should receive due consideration. Some patients react better to one electric modality, while others suffering from the same apparent pathological condition, and for no reason, react better to another. As in radio-therapy, idiosyncrasy is an important factor in the production of dermatitis, so in electro-therapy, idiosyncrasy also plays its part, and no matter for what form of electricity one may have a preference, he will, if he makes much use of electricity in medicine, frequently have occasion to call in the aid of each.

616 Madison Avenue.

[Written for the MEDICAL BRIEF.]

"Subinvolution of the Abdominal Wall After Childbirth."

BY GEO. H. WASHBURN, M. D.,

Professor of Obstetrics in Tuft's College Medical School; Senior Visiting Physician at the Out-Patient Department St. Elizabeth's Hospital; Assistant Visiting Surgeon at the Free Hospital for Women; Member of the Boston Obstetrical Society, Massachusetts State Medical Society, Boston Society for Medical Improvement, Etc., Etc. Boston, Mass.

Attention to details is of prime necessity to the physician and surgeon. If we neglect details we miss success. The untiring study of every detail of disease gives the clue for bettering our treatment, as well as our diagnosis. It is the constant attention to small points, as well as the great, without being bound by precedent or habit, or the custom of our fore-

fathers, which is placing America in the lead in modern surgery.

Obstetrics combines intimately both medicine and surgery, and by careful observation and study the process of child-bearing has been made both more easy and more safe.

One detail of convalescence has appeared to me to have received less attention than it deserves. Women are examined as to involution of the uterus before they are allowed to get up, but the condition of the abdominal wall receives scant notice. It is just as important to see that the abdominal wall is not left lax and flabby as it is to be sure that the uterus is firm and small. So many cases have come under my observation where a failure to attend to this detail has caused prolonged ill-health, that I think it worth while to call attention to the matter.

In my class-room I have always insisted upon the necessity for such care.

These cases have usually been in women who have had one child. The labor has been rather difficult, the abdominal wall has been not only considerably stretched, but also much scarred by lack of elasticity during the stretching period. They have apparently made a very good convalescence to start with, and have been allowed to get up in between two or three weeks—not too early. As they were up the physician has dismissed them from his mind. At this point, however, the progress has ceased to be so satisfactory. They easily become tired on the slightest exertion. Digestion has been poor, and does not improve much under appropriate treatment. Bowels constipated, as a rule. There has been complaint of general weariness and dragging after being on the feet even a moderate amount.

Physical examination shows a relaxed and flabby condition of the abdominal wall. Abdominal palpation gives no response from the recti muscles. The skin feels rather harsh, without elasticity or life. In a standing position the abdominal wall pouches below, and if the condition has gone on for some time there is a ptosis of all the abdominal organs. This causes an extra weight in the lower abdomen, and this pressure gives some prolapse, or version, of the uterus. The pel-

vic ligaments are also apt to share the flabby condition of the abdominal wall, and we have a general descent of all the pelvic organs.

The treatment, of course, should be preventive. The condition of the abdominal wall should be carefully observed early in the convalescence. If there is lack of elasticity and tone in muscles and skin, massage should be given with some bland oil. Faradic electricity is also very useful. When the woman is allowed to get up she should wear an abdominal supporter to remove undue strain from the abdominal wall. Corsets should be forbidden, or worn very loose, until tone has been restored to muscles and skin. When the condition has continued for some time without recognition, the treatment should be along the same general lines. It seems wise, however, to put the patient to bed for a week. As the first step, give massage and electricity every day, and general tonic treatment, as iron and strychnine, in some form. Keep the patient out of doors as much as possible, but without taking active exercise. The exercise should be by means of driving; the air can be taken on a piazza, the patient resting in a reclining position. An abdominal bandage should be fitted that will lift up the lower abdominal wall.

Attention should be given to feeding and digestion in order to build up the general system. Where the condition is aggravated, a considerable time is needed to get the abdominal wall into good condition again, but after tone has once been restored there will be no further trouble. It is so much easier, however, to prevent the condition being established, that it is well worth while for every physician to give this matter his attention before he allows the patient to get up.

377 Marlborough St.

Please enter my name as a subscriber to your excellent journal, the MEDICAL BRIEF, which I am fond of perusing. Enclosed find one dollar.—HOMER A. DE LORME, M. D., St. Louis, Mo.

Renew now, so you will not miss a number in 1905.

[Written for the MEDICAL BRIEF.]

The Treatment of Aural Polypi.

BY JOHN L. ADAMS, M. D.,

Professor of Diseases of the Eye and Ear in the New York School of Clinical Medicine; Attending Surgeon New York Eye and Ear Infirmary, St. Bartholomew's Clinic and Bloomingdale Clinic for Diseases of the Eye, Ear, Nose and Throat; Consulting Ophthalmologist and Otolologist to the New York Hospital and the House of Relief, Lying-in Asylum and Manhattan State Hospital; Visiting Surgeon Eye and Ear Department, West Side German Dispensary; Fellow of the American Otological Society, American Ophthalmological Society, New York Otological Society, Rhinological, Laryngological and Otological Society, Alumni of New York Hospital, Hospital Graduate Club, New York Medico-Surgical Society, Etc. New York City.

Polypi may be said to exist in one per cent of the cases of purulent discharge from the middle ear. They may be of slow or exceedingly rapid growth. In some cases a polypus may reach a large size in a few weeks, and in others not be noticeable for two years, or longer.

Any inflammation of the middle ear, of a prolonged character, usually causes necrosis of the ossicles, or some portion of the bony wall. This necrosis causes a continual discharge from the ear, and this in turn is followed by granulation tissue, which commonly develops into what is known as a polypus.

The necrosed bone sets up an irritation which prevents healing, and until it is removed the discharge of pus will continue. The usual method for its removal, if circumstances favor it, is by the Staacke operation. If this operation is not performed, and the discharge of pus continues, a polypus is the usual result.

The polypus, without exception, takes root in some portion of the mucous membrane of the middle ear. If it is of good size, on inspection it will be found to occupy the entire lumen of the canal. If there is any doubt as to diagnosis, it can be made certain by passing a probe into the canal of the ear, and circulating it around the edges of the polypus, which usually freely moves from side to side.

The first step in treatment is to rinse the ear with a solution of bichloride (one to three-thousand), or, better still, have the

patient syringe the ear with this solution once every four hours, or three times a day for twenty-four hours preceding the time of operation. The object of this preliminary treatment is to prevent possible infection of the surrounding parts.

A local application of cocaine is advisable, although it does not secure perfect anesthesia.

Probably the best instrument for removing the polypus is Blake's modification of Wilde's snare, because it is bent at an angle, and for this reason it is much easier to direct its movements while placing the wire around the polypus. Having placed the wire in position, the instrument is gently pushed into the middle ear, the wire is placed round the polypus; it is then quickly removed by a sharp pull on the sliding portion of the snare. Although the polypus may be cut at the root, it may remain in the ear, and can be easily withdrawn by means of ear forceps, or by syringing the ear with a bichloride solution.

This treatment generally suffices to remove a polypus of any size. If it so happens that a small root is left in the ear, the patient may be instructed to use the same solution of bichloride (one to three-thousand) every four hours for a day or two, or perhaps two or three days. The root can then be destroyed by placing a bead of chromic acid on a probe, and touching the surface of it carefully. Care should be taken not to touch the external ear, or any portion of the ear except the tissue to be destroyed. After this the external canal should be dried by cotton wound on a probe, and about five drops of alcohol or iodoform in the strength of one to forty dropped into it. This is the classical treatment of polypus, and usually effects a perfect cure.

Recurrence, when it takes place, is usually due to the same cause which sets up the first inflammation, viz., a cold in the head, the entrance of foreign matter through the Eustachian tube, or foreign matter through the external ear, etc. If the polypus should return, the Staacke operation should be performed for the removal of dead bone.

A large polypus may force the pus back into the mastoid by preventing its escape into the outer ear, and unless promptly

removed, mastoiditis, epidural abscess or sinus thrombosis may follow.

If the treatment is successful, however, the polypus does not usually return.

38 East Fifty-First Street.

[Written for the MEDICAL BRIEF.]

Inguinal Hernia.

BY T. C. WITHERSPOON, M. D.,

Professor of Operative and Clinical Surgery in the Medical Department of the St. Louis University,
St. Louis, Mo.

There are few problems which confront the general practitioner that are more interesting than that of hernia. He whose function it is to pass first judgment upon nearly all of these cases, should have a very thorough understanding of the subject, and be conversant not only with the text book, but the experience of those men whose special field in medicine demands from them a cure of the condition. Being interested, I have taken occasion to look up that which is written upon the subject, and find a decided tendency on the part of the writers of books to endeavor to mention everything relative to hernia and its treatment, not insisting upon any special procedure which can be universally relied upon, or any fundamental principle which, if followed, will give the best basis for advice or treatment. The truss, in all of its varied forms, injections of sclerosing and irritating chemicals, and the operations, including every one proposed from mere ligation of the sac and simple closure to the complicated shifting of tissues and imbrication of layers, are given a place. It is not to be wondered at that confusion is the result, and that advice is varied, and too often bad. As a consequence, the truss has a place it should never have been given, and the manufacturers of these instruments flourish in number where one should have a hard time maintaining a business.

Another result is the advertising, "No cure no pay" man, who can afford to pay the rents of conspicuous downtown corner offices, while the competent practitioner has to be satisfied with the less pretentious back rooms. In a short paper of this kind

only the salient features of the subject can be touched upon. I hope, however, to make clear certain fundamental principles in treatment of hernia of the inguinal region which point clearly to the necessary course to pursue.

The anatomic conditions which are the basis of hernial formation in the inguinal region may be classed under two heads. First, the persistence of that fetal canal formed by the descent of the testicle into the scrotum from the belly cavity, and second, those changes which occur with a weakening wall, the result of age or systemic condition. This, of course, does not include the hernias that result from unnatural defects in the wall which are observed in conjunction with other deformities or defects, but includes that large army of individuals in whom hernia develops, and who are otherwise normal.

Berger's study of the statistics of hernia based upon ten thousand cases of hernia, comparing those of each age with the total Parisian population of a corresponding age, gives the following result:

In every one thousand cases in first year of life there were 19.6 cases of hernia; from first to fourth year, 4.2 cases; from fifth to ninth year, 1.89 cases; from tenth to fourteenth year, 1.35 cases; from fifteenth to nineteenth year, 1.14 cases; from twentieth to twenty-fourth year, .88 cases.

From this period the ratio steadily rose until the percentage from the fifty-fifth to the fifty-ninth year was 9.52; from the sixtieth to the sixty-fourth, it was 14.03; from the sixty-fifth to the sixty-ninth, it was 20.73, and from the seventieth to the seventy-fourth, it was 24.20. After this period the per cent grew smaller again.

Upon observing this table the inference is that the persistent funicular process of peritoneum through the inguinal canal causes the appearance of the early-life hernias. This grows rapidly less after the first year until at twenty-four the number is smallest. Unquestionably this is due to a tendency to closure of this peritoneal lined canal during the early years of life. The increase during the later years, until in the seventies, the proportion of people suffering from hernias is again large points to the formation of hernia through weakening walls,

or better, as I shall try to indicate, through shifting of the relationship of structures which form the wall at the point of hernia. The above table, it must be understood, does not refer to inguinal hernias alone, but includes all varieties. The large majority, however, were of the inguinal type, and it serves at least to illustrate the relative frequency of inguinal hernia at the various ages.

Before proceeding further, there are some salient features in the anatomy of the inguinal region to be considered:

The external oblique, the internal oblique and the transversalis muscles have their aponeuroses pass in front of the lower quarter of the rectus abdominis, and find insertion into the pubis between the crest and the lower portion of its anterior surface. These muscles are inserted into the ileo-pectineal line in the order given, running backward and outward an inch to an inch and a half from the spine of the pubes. The external oblique is inserted into this line under the name of Poupart's ligament and Gimbernat's ligament. Poupart's ligament is that part of the aponeurosis which is inserted into the spine of the pubes, and Gimbernat's ligament is formed by the lowermost fibers which turn under and inward, and find insertion into the ileo-pectineal line. The latter was named for the Spanish surgeon who pointed out its important relation to femoral hernia.

Poupart's ligament is held firmly in its relationship with the upper portion of the thigh by the fascia lata, which is apparently continuous with it, only separable by cutting.

The inter-columnar fibers are small reflected fibers of the aponeurosis, which take their origin from the anterior superior spine of the ilium.

The fibers of the internal oblique do not enter into the formation of the so-called conjoined tendon, but passing across the upper end of the inguinal canal are inserted into the pubes just within the insertion of the external oblique. The continuation of this muscle downward over the cord is by those layers of fascia which lie external and immediately internal to it, and which include the cremaster muscle bundles. The cremaster muscle in these layers of fascia together con-

stitute the cremasteric fascia, and lie wholly external to the inguinal canal.

The lower fibers of the internal oblique take their origin from the iliac fascia, and are closely adherent to the outer half of Poupart's ligament. There is some variance noted as to the extent of attachment to Poupart's ligament, but careful analysis of dissected cases will show this variance is not as consequential as has been pointed out by some writers.

The insertion of the cremasteric fascia into the ileo-pectineal line is just internal to that of Gimbernat's ligament. From what is here given it becomes apparent that the inguinal canal passes through the internal oblique just under the opening in the external oblique, or external abdominal ring, and pushes down the few bundles of cremasteric muscle fibers from its lower edge.

The transversalis takes its origin from the iliac fascia under the outer third of the Poupart's ligament, and is with the internal oblique attached to the overlying Poupart's ligament. It is interesting to note the direction of these lower fibers of the transversalis. I find that, as a rule, the lowest pass inward above the internal opening of the inguinal canal, then curving somewhat downward, are inserted into the ileo-pectineal line under the name of the conjoined tendon. At other times the fibers pass directly across to the linea alba, and are not inserted into the ileo-pectineal line at all. In these cases the conjoined tendon is composed of strong radiating fibers, which are usually described as the triangular ligament of the abdomen.

Some important feature of the anatomy of the fascia transversalis should also be mentioned.

This fascia is very closely attached to the conjoined tendon, lying just internal to it. It covers in the open space left by the muscles arching over the spermatic cord, therefore forms a part of the posterior or internal wall of the inguinal canal. The inguinal canal penetrating this fascia, and passing at a very acute angle through the abdominal wall in an inward and downward direction, causes the transversalis fascia which is reflected upon the cord to be sharply turned upon itself at the inner side of the internal

abdominal ring, and gives to the ring a sharply marked edge. The portion of the transversalis fascia external to the inguinal opening is joined below with the iliac fascia from the lower edge of origin of the internal oblique outward along the whole extent of the attachment of the iliacus internus. At the outer border of the internal abdominal opening it is continued into the inguinal canal upon the outer surface of the cord.

The outer edge of the conjoined tendon lies just in front of the artery, being protected from pressure to a certain extent through the resistance offered by the artery. The artery passing upward and inward just internal to the internal abdominal ring, also protects the falciform process of the transversalis fascia which borders its inner edge.

With these anatomic points in mind, it becomes no difficult matter to explain the greater per cent of hernias with advancing years.

The inguinal canal in the normal is a valve-like passageway. When abdominal pressure is increased the posterior wall of the canal is driven against the anterior, and the canal shuts closely. Injury with relaxation of the wall, the advance of years, or occupation which is too heavy for the individual, causes a distension of the belly wall, the inguinal area is bowed out, and the fascia has to stretch. This stretching occurs everywhere except at the internal abdominal opening, which simply is opened the wider. Were this all the valve would still be efficient in preventing hernia. The artery, however, preventing a complete prolapse of the inner edge against the outer wall of the canal causes the internal abdominal ring to stand open, and as a consequence the intestine or omentum finds an easy route through the canal, meeting no obstruction at any point. Undoubtedly this is the explanation of that large majority of hernias which come with advancing years.

Another potent cause for hernia I have seen illustrated very nicely in dissecting. At times the conjoined tendon remains somewhat too tense under repeated strains, and does not meet the outer wall of the inguinal canal, which yields with the pressure, and as a consequence there

is left a space between, into which a portion of bowel or omentum slips from time to time under pressure, and gradually there is developed a hernia. The relationship of the artery to the edge of the conjoined tendon will in these cases determine whether the hernia will be a direct or indirect. If the artery is far enough to the outer side of the tendon to let the bowel pouch into the inter-space between it and the tendon, the hernia becomes a direct one, gradually carrying the fibers of the conjoined tendon with it forward through the opening. The close attachment of the transversalis fascia to the conjoined tendon causes it to drag the tendon into the hernial wall, fiber by fiber. The fixity of the fascia at the inner abdominal ring, and the artery being to the outer side, limits the tissue out of which a covering for hernia may be formed, and as a result these hernias are small and stick directly out of the external abdominal ring. In the case of the oblique the only tissue which has to stretch greatly is the peritoneum. The hernia finds a way through the canal between the layers which make the wall of the sac. Its course is, therefore, into the scrotum with the cord. Its size may be large. The treatment of all hernias must be surgical. The only exception to this is that large number found in the first five years which may disappear by normal reparative process.

After puberty the occurrence of hernia should be dealt with surgically. Injection methods are to be condemned in the fullest. They are the harmful, often dangerous procedures, which can in no way cure that class of cases which come with relaxing walls, and are too uncertain to be applied in cases where the cause of hernia is an unclosed canal of congenital formation.

The operation to be used must be as effective in re-establishing a valve as possible. Evidently no one procedure will answer equally well in all cases. Conditions will necessarily modify the procedure. On the whole the two things to be accomplished are to allow the inner wall to freely meet the outer, and secondly, to so strengthen the outer that it will not give too greatly under pressure, and thereby maintain the valve-like action,

closing the canal. It is always well to divide the transversalis fascia directly upward from the internal opening to a point just beyond the transversalis muscle. This procedure does away with the directing influence of the opening in the transversalis fascia, and allows it to more readily close against the anterior wall of the canal under pressure. An additional precaution to be used in connection with this is to turn the cremasteric fascia and muscle inward around the cord, and suture it to the deep crural arch. This avoids the possibility of pressure opening up the canal at its inner end. The anterior wall is made tense by simply bringing the lower edge of the internal oblique down to Poupart's ligament, and over-lapping the two flaps of the external oblique aponeurosis. Or this same thing is done with less anatomic correctness, but with strength and good results, by doing as Andrews has proposed, bringing the edge of the internal oblique, and the superior pillow of the external oblique down to the Poupart's ligament, and under the cord, while the outer pillow of the external oblique aponeurosis is carried over the cord and stitched above.

In those long-standing cases of large dimensions the same law applies, but the procedure is modified to suit the tissues which can be used.

4318 Olive Street.

[Written for the MEDICAL BRIEF.]

Liquid Air and Its Therapeutical Possibilities.

BY SAMUEL G. TRACY, B. SC., M. D.,

Formerly Physician to Vanderbilt Clinic; Post-Graduate Hospital; New York Skin and Cancer Hospital and the Bloomingdale Clinic; Bellevue Hospital O. D. P.
New York City.

History.—The liquefaction of gases has occupied the attention of scientists for over a century. The first gas liquefied was chlorine. This was accomplished under pressure, in 1806, by Northman. In 1823 Faraday repeated the same experiment, and also succeeded in liquefying ammonia and nitrous oxide. A period of fifty years now elapses before further progress is made in the liquefaction of gases. In 1877 Raoul Pictet submerged

oxygen gas under great pressure, combined with great cold, and the result was a small quantity of cold, white mist. Fifteen years later Olzewski liquefied nitrogen, and the next year, 1883, Wroblewski produced oxygen in a complete liquid state. Two years later he succeeded in making liquid air, but only in small quantities. In 1892, Prof. James Dewar repeated the experiments of his predecessors, but his first liquefaction of air was a mushy ice, the first ounce of which cost \$3,000. Later, however, he produced it at \$500 a pint. Now it is produced by the Tripler system in this city, and sold at \$10 a gallon.

Liquid air presents many features of an unusual character, and it is attracting the attention of scientists generally, and of medical men in particular. Its value in the treatment of nœvi, epithelioma, lupus erythematosus, etc., has been demonstrated to the satisfaction of those who have used it. Before discussing its use in medicine and surgery, and the showing of clinical cases who have been treated by liquid air, I wish to say something of its manufacture, its physical and physiological properties.

Manufacture.—When a gas is compressed it gives out heat, and when the pressure is removed the gas expands, and thus produces cold. The method first used by Dewar was to compress nitrous oxide gas and ethylene gas into a specially constructed apparatus. This method was found to be dangerous, and expensive. However, a more simple and inexpensive method of Tripler is described by Dr. A. C. White, of this city, as follows: "The natural air is compressed to the extent of two thousand to two thousand four hundred pounds to the square inch. This is allowed to escape and pass through certain small openings, each protected by its own valve, into tubes which coil upon themselves, over and over again, thus cooling off the air more and more as it enters the liquid. The cooled compressed air is now allowed to escape into a vacuum, and a sudden and extreme expansion results. By this method, the two necessary conditions are obtained to produce liquid air, namely, critical temperature and critical pressure. The liquid air may now be drawn from the liquefier

just as water is from a faucet, and its appearance is like that drawn from the hot water faucet, boiling and steaming. It is reasonable for it to boil, for it is 400° F. colder than its surroundings. The temperature of liquid air is 312° F. below zero, and the temperature of the room about 70° F. This makes the receptacle about 400° F. hotter than the liquid air, and, consequently, the liquid boils, thus entering into its original gaseous condition—the air we breathe.

As a laboratory experiment, ordinary air may be liquefied in very small quantity by placing dry sulphurous dioxide into a tube surrounded by ice and salt. In a comparatively short time some of it will condense into a colorless liquid. But to make on a large scale, expensive machinery, tubes, pumps, compressors and electric motors are necessary. In order to appreciate how air is liquefied, it is necessary to remember that nearly all gases may be condensed into liquids, under the action of pressure and cold. For example, when sulphurous oxide gas is pressed by a piston into a cylinder, we reduce the volume of mass of the gas, the tension increases up to a certain point, which is called maximum tension, and here the mass begins to liquefy. The maximum tension varies according to the temperature, and the temperature at which the gas liquefies is called the "critical temperature," and when liquefaction takes place at the maximum tension at a given temperature it is called the "critical pressure." Thus the critical pressure, and critical temperature must be attained before the air is liquefied. Now, as the air is made up approximately of twenty-two parts of oxygen and seventy-eight parts of nitrogen, and both of these gases have different critical pressures and temperatures, it is necessary to obtain 220° F. below zero before these mixed gases will liquefy, and only then when the critical pressure is applied. Upon the boiling point of liquid air, and difference in the boiling point of its two ingredients, oxygen and nitrogen, Dr. White says, undoubtedly depends the usefulness of this product in medicine and surgery. "The boiling point of liquid nitrogen is 317° F. below zero, and the boiling point of liquid oxygen is 295° F. below zero; and the boil-

ing point of liquid air is 312° F. below zero. Therefore, the liquid nitrogen must boil away, and evaporate first, leaving pure liquid oxygen. When the liquid oxygen evaporates, if it is caught in a receptacle, it can be used as the purest kind of oxygen for inhalation purposes. Later I will illustrate by an experiment, the different boiling points of the two gases, showing that when the liquid oxygen is left, it is highly inflammable, and when lit produces great heat. Even when it became possible to make liquid air at a comparatively inexpensive rate, its usefulness would have been limited, and in fact, of no avail in medicine and surgery except for the invention of a bulb by Dewar. This bulb is known as Dewar's bulb, and is used to hold this extraordinary product.

This bulb is a glass vessel, with two walls. The space between is exhausted to high vacuum. When liquid air is contained in one of these bulbs it evaporates at one-fifth the rate it does in an ordinary glass receptacle. Later Dewar found that when the inner and outer wall were coated with a bright deposit of silver, that the evaporation was only one-sixth that of an ordinary vessel. Even with these Dewar bulbs, the proposition to sell to physicians does not seem attractive to the manufacturer, because of evaporation, and because the bulbs are easily broken and cost from \$3.75 to \$12 apiece.

When alcohol is frozen by liquefied air at 212° F. below zero, it is likely to become explosive. Owing to the fact that certain disasters and injuries have taken place while performing this experiment, both the lay and medical public have conceived the idea that liquid air is explosive. This is an error; it is no more explosive or dangerous than steam, and like steam, if it is confined, it will explode and find a way of escape. Hence, no corks can be used in the Dewar bulbs.

As I will show you later, a lighted taper applied to liquid air will not make it explode, and even if an electric current is passed through it no evil effects result.

Liquid air is a transparent, colorless fluid, and looks like boiling hot water, and its weight and specific gravity are about the same as water. However, liquid

air is perfectly dry; no moisture could exist because it would immediately become frozen, and become more dense than ice.

When liquid air is applied to the skin and tissues of the body, the parts are immediately frozen. The solidity of the tissues depends on the amount of liquid air used, and the length of exposure. The result of this application is, first, anemia of the part, followed by a reddish reaction or slight inflammation. Then, if the freezing has been severe, there occurs a bulla, involving a smaller or larger area, depending upon the length of application. Dr. White, who is a pioneer in the application of liquid air in medicine, says that it is not only a local anesthetic, but as much or as little anesthesia can be produced with it in a few seconds' time. The anesthesia lasts longer, and is followed by less slough than any other freezing mixture. There is slight pain attending its application as an anesthetic. After the degree of anesthesia has been obtained, a minute or more should elapse, as the tissue may be too hard for satisfactory operative procedure. In treating an abscess or carbuncle, spray the part with liquid air, then incise and empty the contents, spraying the cavity with liquid air. The freezing of the inner walls promotes sloughs, and makes curetting unnecessary.

For some months I have been using liquid air at the New York Skin and Cancer Hospital, in the service of Dr. L. Duncan Bulkley, the liquid air being supplied gratuitously by Dr. A. C. White, of the New York Liquid Air Institute. Probably the most spectacular results have been obtained in *nævi* cervicofacial, and impigmented.

The liquid air is applied on a swab, a flat wooden applicator about eight or ten inches long, on the end of which is wound some absorbent cotton. This applicator is dipped into the liquid air. First shake off the excess of this extremely cold fluid, then apply with firm pressure to the area to be affected. The application should last from twenty to sixty seconds, depending on the tissues to be affected. In many cases it is well not to treat more than a square inch of surface at one application. These treatments may be repeated from

twice a week to twice in two weeks, depending upon the reaction which has taken place. The abbreviated history of the following cases illustrate the value of liquid air in the successful treatment of *nævi*.

Case 15.—R. N., age six. Diagnosis, *nævus pilosus* pigment, situated below the right eye, about an inch long and three-quarters of an inch wide. After the first treatment, the part first became anemic, then congested, and swollen to several times its natural size. The swelling subsided in a day or two, and was followed by a thick crust. After the first two applications of the liquid air, the rat-colored mole became several shades lighter, but the hairs were unaffected. However, after five applications the skin covering this area almost resumed its normal color, and now, after ten applications, about a week apart, the hairy mole is practically removed. To show the results obtained in epithelioma, I will report the following cases:

Case 22.—A. N., age forty. Epithelioma of the right temple of one year's duration. The growth extended over an area of three-quarters of an inch in diameter. After the first application, which was applied to the whole surface for a period of about fifty seconds, there was considerable edema around the lesion, extending to the eyelids. This subsided in a day or two, and after six treatments the growth entirely disappeared.

Case 26.—C. F., age fifty-five. Epithelioma of the outer canthus of the eye and side of the face about an inch in diameter. This patient had two treatments a week for two months. The reaction took place in the usual way, and the growth disappeared.

Case 30.—A. N., age fifty, female. Epithelioma of the edges of nostril and wing of nose; had been treated by various methods, including radium, but without result. Liquid air was applied weekly about thirty to forty seconds at each application. After eight applications there was a complete disappearance of the growth.

In lupus erythematosus, where the area has not been too large, liquid air has proved a more satisfactory and successful treatment than any other remedial agent.

At the Vanderbilt Clinic, patients who were cured of lupus erythematosus by liquid air have returned after a period of four years. Upon examination a clean, and not prominent scar, tissue was seen over the site of the former diseased area. The following case illustrates the value of liquid air in lupus erythematosus:

Case 32.—Female, age forty-five, has had erythematous lupus of the nose for four years. The growth began as a sort of pimple, then a blotch on one side of nose. The tissues became red and scaly, and finally covered the whole nose. The first application of liquid air caused but little pain, and was applied for fifty seconds over an area about half an inch wide, and one inch long. After the part thawed out, it became much congested. This was followed by a bulla, and considerable edema in the adjacent tissues. After twelve treatments, covering a period of two and a half-months, the patient was entirely cured, leaving but little scar; that is, the skin on the nose was a little whiter than that on the surrounding parts. This patient had also a few small spots of similar character in front of each ear. These were cured in four applications.

As a resumé of the uses of liquid air, we can say that:

First—It acts as a local anesthetic.

Second—It reduces inflammation when cold is indicated.

Third—Stronger, more frequent applications produce stimulation and inflammation of the parts, producing a slough, by causing an obliterating endarteritis, and the destruction of nerve supply.

Fourth—Liquid air has a selective action for diseased tissue on account of its low vitality.

From the physical and physiological action of this new and remarkable therapeutic agent, it certainly appears to be worth while to make use of it, in such conditions as lupus erythematosus, superficial epithelioma, some cases of scirrhous cancer of the breast, indolent ulcers, abscesses, and particularly in the various forms of nævi.

240 W. 102d Street.

Enclosed find one dollar for the BRIEF. It is all right.—O. H. CRANE, M. D., Ainsworth, Neb.

[Written for the MEDICAL BRIEF.]

The Early Diagnosis of Pulmonary Tuberculosis.

BY EDWARD O. OTIS, A. B., M. D.,

Professor of Pulmonary Diseases and Climatology
in Tuft's Medical College, Boston, Mass.
Boston, Mass.

The general dissemination of knowledge regarding the origin, prevention and curability of pulmonary tuberculosis is prompting the individual, who suspects or fears he may be a victim of the disease, to consult his physician at an earlier period than was formerly the case. The physician must, therefore, be prepared to make an early diagnosis. The day has gone by when the vague statement of a "bronchial trouble" will be received as satisfactory by the patient, and it ought not to satisfy the physician.

"Have I, or have I not, consumption?" is what the patient wants to know, and what he ought to know.

We are all familiar with the symptoms which are suspicious: A slight loss of weight and strength; a little breathlessness on exertion; a falling off of the appetite; digestive disturbance; a sensation of being below one's usual health and activity; a slight cough which persists; and possibly a little expectoration, especially in the morning.

If now the temperature, when taken for several days in succession forenoon and afternoon, or better, every four hours, shows a constant afternoon rise of a degree or even less, and the pulse is considerably higher than normal, there is a strong presumption that incipient tuberculosis is present.

At this early stage the physical signs, if any, are few, and one must make a very painstaking examination to elicit them, and they must—taken collectively—be carefully weighed. If dullness or diminution of resonance is present, it is most likely to be met with above or just below the clavicle, or in the supra-spinous region behind—the area of resonance above the clavicle may also be diminished. The dullness is often so slight that one must be exceedingly skillful in his examination to detect it.

Of more importance, perhaps, is a study of the respiration, for here we may find

the only abnormal signs. The respiratory murmur, as a whole, may be diminished, and the inspiratory murmur roughened, harsh and with a slightly higher pitch, while the expiratory sound is prolonged somewhat, and "rude," or a little louder than normal. In studying the respiration I have found it helpful to concentrate my attention upon each part of the respiratory murmur separately; think only of the inspiration, then only of the expiration. In this early stage râles may not be, probably are not present; or only a few clicks are elicited upon cough or very deep inspiration. At one examination they may be present, and at another not. The voice sounds, or whispered voice, will probably not be abnormal; the vocal fremitus may be increased.

After the physical examination has been thus carefully performed, and the results summed up, and considered in connection with the symptoms, the diagnosis can often, though not by any means always, be arrived at with a fair degree of probability. Not infrequently, however, we are obliged to tell the patient that it is impossible to make a definite diagnosis, and he must come again for another examination. In the meantime, however, there will generally be enough evidence to warrant us either in allowing the patient to continue his usual habits of life, or in immediately putting him upon an anti-tuberculous treatment: Open air, avoidance of over exertion, increased food supply, and more or less rest, both mental and physical. It is safer to make the mistake of a positive diagnosis, and instituting the appropriate treatment, rather than run the risk of losing precious time in waiting for sufficient evidence of a perfectly clear diagnosis.

If there is expectoration, it is, of course, to be examined for the tubercle bacilli, but at this early stage the examination of the sputum is more often negative than positive. There are other resources that may render the diagnosis clear when the usual means fail; these are the tuberculin test, and the X-ray examination. The latter will not generally be at the command of the general practitioner; it is an expensive apparatus, and requires much time and experience to enable one to use it with precision and satisfactory

results; but the tuberculin test, on the other hand, can be used by anyone. In over one hundred and fifty trials the writer has met with no harm resulting from its use. A one per cent. solution is made with diluted water, and a little carbolic acid, and a drop and a half of this solution is about a milligramme of the original solution, or of Koch's tuberculin one-tenth of a c.c. of the one per cent solution equals one milligramme of the original solution. For the first trial two or three milligrammes can be injected, and if this produces no reaction, after waiting several days, the test can be repeated, using from five to seven milligrammes, or even ten.

A reaction consists in a rise of temperature of from one to four or five degrees within from eight to twenty-four hours after the injection, accompanied by nausea, anorexia, sweating, pain in the head, back and limbs, weakness, and a general feeling of malaise. The symptoms are very much like those experienced in an attack of grippe.

If this reaction occurs it is pretty sure proof that tuberculosis is present somewhere in the individual, and if the other symptoms point to the lungs there is hardly a doubt that these organs are the seat of the disease. On the other hand, although the symptoms and physical examination may point to pulmonary tuberculosis, if after two fair trials the tuberculin test fails one may feel reasonably sure that the disease does not exist. In conclusion, let it be remembered that debility, with slight fever, not otherwise explicable, or hemoptysis, with no other signs, are very suggestive of pulmonary tuberculosis. It is the writer's conviction, founded on experience, that hemoptysis is to be considered a sign of pulmonary tuberculosis unless it can be clearly proved that the hemorrhage comes from some other source.

381 Beacon Street.

I enclose one dollar for the **MEDICAL BRIEF**, which has given me more satisfaction than any medical journal I have ever taken.—E. W. HUNTER, M. D., Chicago, Ill.

[Written for the MEDICAL BRIEF.]

Rectal Fistula Promptly, Completely and Permanently Cured Without Operation.

BY A. ROSE, M. D.,

Adjunct Professor of Medicine, New York Post-Graduate Medical School and Hospital; Fellow of the Academy of Medicine; Member of the New York County Medical Society; Member of the American Medical Association; Member of the German Medical Society; Member of the County Medical Association; Member of the Eastern Medical Society; Member of the Medical Association of Greater New York; Vice-President of the East Side Physicians' Association; Member of the American Gastro-Enterological Society. New York City.

It is about two years ago that I published my first case of successful treatment of rectal fistula by means of carbonic acid gas application. The case was the following:

J. A., thirty-four years of age, married, father of three children. Family history good. General condition fair. Active, industrious man. Came to my office December 29, 1902, to be treated for fistula in ano. Had been suffering from constipation as long as he could remember. When twenty-two years of age he became afflicted with hemorrhoids, and these have given him trouble ever since. When the piles protruded he used to reduce them by means of a damp, hot cloth.

In June, 1902, he noticed a discharge in the anal region. Before this discharge was noticed, and ever since, defecation was exceedingly painful, and there was always considerable straining. A bearing down pain would sometimes last for from six to seven hours, no matter what position he assumed. There was also experienced a peculiar trouble on urinating. As soon as the desire to urinate made itself felt, the patient had to seek quickly a place of security, because with the desire to urinate ended all control over the sphincter vesicæ.

I found a fistulous opening posteriorly, and within an inch from the anal margin near the median line, from which there was some discharge.

The patient was so nervous that he dreaded examination by means of the probe. Such examination had been made

on him before, and operation had been advised, but the patient had refused to consent.

Instead of introducing the probe, in order to convince myself if I had to deal with a complete rectal fistula, I passed a current of carbonic acid gas through the external opening of the fistula. There was no other pain but that caused by the insertion of the nozzle of a common dropper which I had attached to the rubber tube conducting the gas. The application of the gas instead of giving pain as the probe would have done, gave rather a pleasant sensation. The gas passed through the sinus into the rectum, filling the bowel up to its full capacity, and causing thereby the agreeable sensation of warmth that is noticed when the gas is introduced directly into the rectum.

When the patient presented himself again, on December 31, 1902, he spoke in most enthusiastic terms of the relief experienced. He felt like a new man. There was no discharge; the parts around the fistulous opening were, indeed, perfectly dry, which they had never been since June. The bowels had moved freely, and there had been no pain on defecation. From that time on to the present day there has never been any abnormal condition on micturition.

January 1, 1903, gas applied. There had been no pain or straining on defecation.

January 2d to January 10th. Daily application of gas.

After the third application of gas into the sinus, no more gas entered the rectum; the fistula had closed.

On January 12, 1903, the fistula was completely and entirely closed. After this date, at intervals, which became more and more prolonged, a minute superficial collection of pus at the slightly re-opened external orifice of the fistula would appear, and I applied the gas to this little opening for about half a minute. I saw the patient accidentally during the month of November, 1904. He is cured of fistula, the piles have given him no more trouble, and there has never been any more trouble with the prostate.

My second case was that of a tuberculous fistula, but here the carbonic acid gas did not have a curative effect. The

same negative results I had with complicated fistulas with multiple sinuses, and numerous openings through the skin, mucous membrane, or both, where the sinuses extended for a considerable distance beneath the mucous membrane, partially or completely around the bowel, or to distant organs as it occurs most frequently in syphilitic or tuberculous subjects.

Only in cases of simple complete fistula with two openings, one upon the surface of the body in the neighborhood of the anus, and the other in the rectum, that is, the most common form of rectal fistula, have I succeeded.

The minute details of the first case as I proceeded with it from day to day are given in a paper published in the *New York Medical Journal*, of January 31, 1903. Since these details are of great practical interest, I wish to refer to this paper.

The last case I treated successfully is the following: A. H., fifty-nine years of age; tailor. Father of a large family, came to my office October 16, 1904. Complete rectal fistula, five centimeters to the right from anus, discharging for one year pus and serum, and caused much pain. The probe entered the rectum in straight direction. Around the external orifice of the fistula the tissues are very much indurated, almost callous. Carbonic acid gas introduced into the sinus entered the rectum. Patient lives at great distance from my office, and came only in intervals of three days to have the gas applied.

After the third application no more gas entered the rectum. When he came the fourth time, the tissues around the external orifice had lost their induration almost completely, and the sinus was so shallow that hardly any gas could be introduced. Having been at my office six times, I dismissed him, perfectly cured from his trouble, and when I saw him last, during the month of December, I learned that the cure has been a permanent one.

As I have demonstrated, as long as twenty-two years ago, carbonic acid gas applied to inflamed mucous surfaces of the rectum, vagina, or nose, is an ideal remedy, and all my experience during the two decades since passed has confirmed

my observations more and more. The local effect of the carbonic acid gas on ulcerated surfaces is two-fold. By its anæsthetic action it relieves pain and tenesmus, and by its stimulant action on the circulation it is healing.

The only drawback which seems to be in the way of this treatment becoming favored by the great specialists on rectal diseases is that it is too simple, too rational, and its explanation too clear.

All that is required is a simple apparatus, a glass bottle with a wide neck and a rubber stopper perforated so as to admit a tube, with a nozzle. The carbonic acid gas is generated by means of a solution of bicarbonate of soda and crystallized tartaric or citric acid.



It may be of interest to those who are not familiar with the history of the treatment of rectal fistula to read the following little historical sketch:

Hippocrates taught to treat fistula in ano by means of ligature. Galenos and his pupils were opposed to this method, and substituted extirpation. The surgeons of the seventeenth century considered the cure of a fistula a very difficult task, because they were of the opinion that such a cure could only be accomplished when all pathological, that is, all indurated, tissue would be completely destroyed. The operation had become a very barbarous one, consisting in extirpation of the fistula, and all the callosities of the rectal wall in its neighborhood, by means of the actual cautery or some chemical caustics. The consequence was, the patient thus operated on who survived the operation, who did not die in consequence of hemorrhage or pyemia, were either not cured or were left with incontinentia alvi, or anal stricture. They were in worse condition than before the operation. The after treat-

ment was as complicated as the operation itself.

For this reason the operation of rectal fistula was much threatened, and the physicians took all possible pains to cure fistula by other means—ointments, baths, and internal remedies, but, as a rule, without success.

This condition of things explains the fear of Louis XIV, who in the year 1686 was suffering from rectal fistula, and consented to the operation only after all other possible remedies had been tried in vain on many of his subjects suffering from the same evil. He was operated by his first surgeon, Felix, who invented a new knife, and which was afterward called the royal knife. The operation, performed November 21, 1687, was a success.

Dionis, who has reported all details of the case, tells us that afterward many people, not only of the royal court, imagined themselves suffering from the same affliction as their king, in order to have the honor of being cut with a knife which bore the royal name.

Only after Pott, in 1765, had taught that the callosities need not be destroyed, and that a simple incision was sufficient to heal the difficulty, did the operation lose its danger and its horrors. Still, Syme, in the year 1854, complains that there existed yet surgeons in England who could not be persuaded to abandon the old method, and that he had seen several cases of frightful destruction, which had been caused by rural surgeons operating for simple rectal fistula.

Again and again have means been tried to cure fistula without operation. None have been successful, but this fact should not deter us from paying attention to the carbonic acid application, which will, according to my observations, effect a radical cure in such cases as mentioned in this paper, which otherwise would have to be operated.

Enclosed find three dollars for the MEDICAL BRIEF for the next four years, from January, 1905. The good old BRIEF—I can not think of parting with it. Count me as a life subscriber. It is growing better every year.—R. R. LASATER, M. D., Law-son, Tex.

[Written for the MEDICAL BRIEF.]

Warfare on Tuberculosis—Fat the Germ Destroyer and Equalizer of the Body, with Especial Reference to Oils and Fats in the Prevention and Cure of Tuberculosis.

BY THOS. BASSETT KEYES, M. D.,

Professor of Tuberculosis, Jenner Medical College; Chairman of the First Organization Committee of the American Congress of Tuberculosis; One of the Vice-Presidents of the International Congress of Tuberculosis, St. Louis, 1904; Editor of "The Tubercle" (a journal on Tuberculosis) from 1897 to 1902, Etc. Chicago, Ill.

[Paper No. 2.]

Fats and Oils as Germ Destroyers and Equalizers.—In the fat of the body we have one of its own greatest antiseptics, its greatest disease germ destroyer, and a substance which in the body fermentations is an equalizer. The common disease germs will not grow in oil; the substance for their growth and propagation is not present, for in the body they increase at the expense of its nitrogenous parts.

Oil Destroys Yeast Germs.—The volatile oils such as the oils of cloves, cinnamon, creosote, and of plants, have long been known and used as antiseptics, but the so-called fixed oils and the fat of the body have not been credited with antiseptic powers. Fixed oils, such as the common oils of fruits and nuts, as olive oil, and peanut oil, or cocoanut oil, and animal oils, as sperm and lard oils, will not ferment from yeast, but, on the other hand, render it entirely inactive. If we take a cake of yeast and immerse it in olive oil, it has no fermentive effect upon the oil, and if removed after the lapse of a few hours, the yeast has lost its life and fermentative power. Then to these strong fermentative germs, oil is a true antiseptic and anti-germicide. In the tissues of the body, this power of oil to prevent the growth of fermentative germs must be increased, since oils and fats to the largest extent furnish the products of oxidation, *i. e.*, unite with oxygen in their metabolism, and in this chemical action of fats and oxygen lies their power of equalizing fermentative germs, which are necessary

to life, but which, if carried too far, would assume pathological conditions, and overwhelm the body. There are conditions and germs which no doubt lead to a fermentation of oil, and as a result glycerine and their corresponding fatty acids are liberated, but the germ which has started this process in the oil disappears under the action of still stronger antiseptic properties of oil created. It is said that (1) unknown germs cause neutral fats to take up water and split into glycerin, while glycerin is capable of undergoing several fermentations according to the fungus which acts upon it, but through this action the germ disappears. It is the putrescent substance with which the oil has been associated which has caused the fermentation of oil and the development of still stronger antiseptics, which finally overcome the germ. Oil in itself is said to possess an organic ferment which splits it into glycerin, and that germs of the air may set the glycerin free, inasmuch as these processes go on without our being able to find the presence of a germ, all of which may possess truth in itself.

Oil Destroys Tubercle Bacilli, and Other Disease Germs, and Prevents their Growth.

—Oil will completely inhibit the growth of the tubercle bacilli, cause their death and dissolution, and if sufficient time be given, the germ will be completely dissolved or oxidized, and will disappear. These processes which I have carried on outside of the body for experimental purposes should be carried on in the body in the prevention of fermentation of the waste of the lungs, for in its healing fats are used; digested fats and oils are excreted by the lungs principally in the form of carbon, of which we will speak more in detail later. If from the culture media we take a given quantity of tubercle bacilli, and transplant them into oil, they become inactive and will not reproduce when placed in their most suitable culture media and incubator, and finally, if sufficient time is given, they disappear altogether as tubercle germs. Olive oil, as is well-known, has frequently been used as an antidote to the poisonous effects of cantharides (Spanish flies), although the oil dissolves and takes up cantharidin. It would seem that all disease germs would be rendered inactive by oil in the same

manner. As the healthy, well nourished body stores oil in fat tissue, and between its muscular fibers and around and in many other tissues, the importance of this fat can not be overestimated, since it not only is a substance which may be drawn upon to supply the needs of the body to a greater extent, and more readily than any other tissue, but it also is a substance capable of rendering disease germs inactive, and is not fermentable by common fermentative germs.

As I have neither the time nor the inclination to carry out experiments in bacteriological growth, and its prevention by oil, and to estimate the bacterianalytic properties of oil which cause the dissolution and disappearance of a given quantity of germs which may be immersed in the oil, I shall endeavor to enlist the laboratories of the Army and Marine Service, where every facility is offered to carry on accurately such experiments, as well as the bacteriologist who may be interested.

Pure Rancid Oils Do Not Contain Germs.

—Fats and oils may become rancid from oxidation (2) whereby fatty acid and glycerin may be developed, and although it resembles putrefaction, no characteristic bacteria could (3) be recognized by the microscopic or culture methods, nor could the rancidity of fresh fats be hastened by infection with rancid samples. When (4) olive oil is heated to 220° C., it becomes lighter and nearly colorless, and, at the same time, rancid. The change of fresh oil to rancidity is also brought about by the solution of germs from the nitrogenous products, and of material other than oil. The reason that germs are seldom or ever found is from the fact that they can not develop, but undergo dissolution and solution. It is said that some people can not eat oils and fats, for the reason that the germs of the alimentary canal change the oil or ferment it into glycerin and fatty acids and soaps, and that they thus pass out with the stools undigested, clinically speaking; however, if these same patients persist in taking oil, it will soon be digested, then, have conditions changed, and have the germs been overcome by the products of the oil which they have produced, as the glycerin, which is known to be mildly an-

tiseptic? The patient with a foul breath and stomach experiences a pleasing relief when he adds oil to his daily diet.

Fresh Oils Obtained from Putrescent Substances.—Rancid oils and butter may be rendered fresh again by washing; the substance foreign, if such exists, may be separated. An example of obtaining fresh oil from decaying animal matter is found in factories where animal matter is rendered for its oil. Olives, too, are allowed to undergo an over-ripening before the oil is extracted, while cod-liver oil is rendered in some cases from decayed livers, and the dark oil thus obtained was formerly (5) esteemed most highly, though little given now, on account of its very disagreeable taste. If there is any benefit to be derived from the cod-liver oil produced from rancid livers over that produced from fresh livers it may be from the germs which the oil holds in solution, which when taken internally, might develop certain anti-bodies, and thus possess the property of an antitoxin.

Milk possesses a ferment which is capable of digesting itself (6) and is usually infected with myriads of germs, though perhaps many of them are beneficial rather than harmful (unless the milk is infected with disease-breeding germs, such as typhoid, scarlet fever, tuberculosis, etc.), yet these germs do not affect the fat of the milk, for when separated from nitrogenous products upon which the germs live, as in making of butter from soured cream, we may obtain sweet oil.

While bacteria are desirable allies to the butter maker, and in development of the milk, they are not a part of the true fat, but of the nitrogenous products clinging to and incorporated with the fat, and as such give flavor to the butter, which would otherwise be considered flat. The same may be true of butter which has undergone putrefaction, for this butter, by washing, may again yield sweet oil. Cheese composed of fat and nitrogenous matter, depends for its flavor upon the germs which develop in its nitrogenous part, and, perhaps, in some cases to the fermentation in its oily parts, but it is noteworthy that the germs which affect it in time disappear, that the multiplication of bacteria in cheese is comparatively

slow, though in cream, where the nitrogenous part is greatly in excess, they multiply with prodigious rapidity, increasing as much as six hundred to a thousand-fold within twenty-four hours, but with cheese, while the bacteria increase for some weeks, it is very slow, and after a time comes to an end, and toward the close of the ripening period they are greatly diminished, and at the end there may not be even a single species or a very small number. The oil of the cheese has maintained the equilibrium of fermentation of the cheese, and in the same way the fat of the body maintains its equilibrium of fermentation.

The finest Italian wines, contrary to the usual instruction of placing the bottle on its side to prevent evaporation and other changes, are preserved by placing a small amount of oil in the neck of the bottle, which is placed upright. The oil preserves the wine from over-aging and destructive changes. Recent experiments which I have made point to the fact that wine may be preserved in the same manner for a considerable time with little change.

Fat of the Body and Habitually Digested Oil Meet the Theories of Immunity from Disease. Subcutaneous Injections of Oil Produce Immediate Growth of Blood Cells.—An examination of the blood after an injection shows an increased growth of its cellular constituents, both in number and size. This meets the theory of immunity as to phagocytosis; it also can be applied to the theory of immunity devised by Ehrlich, in that oils either assimilated from the intestine or from subcutaneous injection enter into the circulation. Now, on account of the increased amount of nutrition in the blood, the cells must develop more receptors to receive the nutrition or haptophores, and on this account receptors would be as necessary to grow in excess, and thus be greater in number to combat with pathological germs, and to supply cell nutrition.

The peculiarities of the body juices of immunized animals, and the formation in them or presence of antitoxines, amboceptors, and other anti-bodies, depend upon the separation of the unnecessary receptors from the excessively stimulated cells,

and experiments with the toxin anti-toxin reaction, and the amboceptor reaction indicate that these separated receptors are able to continue their combining functions in fluids containing them. The complementary body or solvent foreign and pathological cells is not accounted for in Ehrlich's theory, and of this we are left in doubt, but is thought to be a property of the blood rather than of an antitoxine injected.

It has not been my intention to claim that oil injected is a true antitoxine against tuberculosis, but that it acts as such in part according to the theories of immunity can not be denied, and the digestion of fats and oils by the intestine shows why some people are naturally immune from many diseases, and particularly of the disease tuberculosis. Clinically, it is proven that when fats and oils can be digested by the tubercular patient, that he improves rapidly from the disease, that the people who habitually eat large quantities of fats never have tuberculosis, and if they do occasionally it is because the fat is not assimilated; and that subcutaneous injections of oil form the most valuable part of the plan of the treatment of tuberculosis, being, perhaps, as near a specific for the disease as anything is possible to be (7), (8), (9).

All Forms of Life Have Their Enemies.

—California fights her fruit pests by enemy parasites. The State had spent millions of dollars in the use of sprays, antiseptics, fumigants and investigations, when Mr. Alexander Craw, an entomologist, discovered the parasitic cure, his theory being that every species of animal life has its natural enemy, and that where a certain species appear in abnormal numbers, the natural enemy of the species must be absent, thus permitting the insects to increase without hinderance, and that the natural cure of the pest was to introduce the insects' parasite.

The body in itself has its friends and its enemies in the form of germs, thus we have the fermentative germs of the intestinal tract, which perform and aid digestion, but when these increase above normal quantities they become enemies, which if they in turn had no enemies either organic or inorganic, this form of

life would increase so as to overwhelm the body. That which is true of the body is also true of its organs, which in themselves constitute smaller creations. Some diseases may be due to an over increase of germs, which in limited numbers are essential to the body functions, but which meeting no enemy, and no resistance, have increased at the expense of the organ, and either through themselves or the products of their fermentation, have supplied the soil and food conditions for other germs to thrive in. Fats help to maintain this equilibrium of fermentation, of health from disease. What wax (a fatty substance) is to honey in its preservation so is fat to the body.

Heat and Nutrition.—In the animal body, oils and fats as food furnish two and one-half times as much force and heat as any other substance used as food. If other foods must take their place in the supply of this heat, we can see from the more circuitous process through which the digestion of foods other than fats must pass before their conversion into heat, that they must lose some of their value. Other foods aid the digestion of fats, and furnish ferments for the conversion of fats to its activities.

When food is not taken in sufficient quantities with fat in the right proportion, or for any reason is not digested, then to maintain the force and heat of the body the blood must draw from food poorer in heat producing qualities at the expense of the body tissues, and for this reason we meet with many under-nourished people. When heat and force must be drawn from the bodily tissues, where for the time being sufficient food is not eaten, as in the hibernating animals, the fat of the body yields first and foremost to supply this so that the body may maintain its normal temperature, so essential to health, and the prevention of disease, but when the body draws upon its own tissues to supply heat and force, there is lowered vitality, and consequently lowered resistance to the invasion and growth of germs, and there is less fat in proportion to the nitrogeous parts upon which the germs thrive. The fat between the muscle fibers is exhausted, and, as a consequence, there is no resistance to fer-

mentation in any of the tissues of the body by the oil; but, on the other hand, we have every condition of the body favorable to fermentative changes, there being no fat in the blood, and no fat in the tissues, which are lowered in vitality, and composed of such material as disease germs feed upon. Such changes are contradictory to health, and permits the attack of various bacteria to which the body would otherwise be proof. Under these conditions it is no wonder that fermentative germs may increase beyond their normal function, and give rise to conditions favorable to the entrance of disease germs.

Body Heat a Necessity for the Prevention of Disease (Tuberculosis and Its Cure).—If for any reason too much heat is detracted from the body, as too rapid evaporation of perspiration from sitting in a draft, or the cooling of bodily tissues from the same or insufficient clothing, or a lack of proper food to supply the heat, then we take a "cold," of greater or less severity, affecting the mucous membranes, more perceptibly of the respiratory organs, and giving rise to the excessive flow of mucus, and furnishing conditions which have lowered the heat, continue, then the "cold" may become more severe, and result in death, or to chronic disease of the lungs often resembling tuberculosis, indeed, from which tuberculosis may arise, as a rich soil for its production exists. The necessity of heat for health is therefore evident. Thus the proper amount of heat-producing foods in our diet increase our vital forces against disease.

Composition of Body Fat.—Human fat consists of the three glycerides, palmitin, stearin and olein. Fat tissue consists of little bladders or vesicles of connective tissue, and may be regarded as an altered connective tissue corpuscle, which has become vacuolated, and holds oil. Around the cell and globule of oil is a thin layer of protoplasm. These become larger and more numerous, held together by connective tissue, and supplied by at least one artery and two veins to each composite globule. The bulk and richness of the fat fluctuates with the demands of the system for heat, when such foods as are

necessary for its production are not in the daily diet. If an animal such as a hog is deprived of all fat from its diet, then its adipose becomes atrophied, and there exists only a cellular structure, free from oil, the same as has been noted in man. When an animal is deprived of food, the fat cells rapidly give up their oil to maintain heat and vitality; the cells of the fat, however, remain, though diminished in size. If they are partly well fed, even the protoplasm may grow, and the vacuoles may become filled with serous fluid, and they are then called serous fat cells. For this reason, all so-called fat people are not healthy.

Reasons Why All Fat People Are Not Healthy.—For the above reason, and for other reasons which I shall now briefly enumerate, all fat people are not healthy, but the person who keeps his adipose from the eating of oils and fats is healthy, unless he should change his diet to farinaceous foods, when the fat might become serous and lack in oil, the essential part for heat and force. Then fat derived from the eating of foods other than oil and fat is not so rich in its oily constituents, and these people again are not so healthy as those who derive their fat from fat foods and oils. The healthy person is one whose fat is firm with oil, and this comes principally from fat foods; on the other hand, the person who derives his fat from other foods other than oil is more apt to be "flabby," possessing a more serous rather than oil fat.

Epithelium Cells Loaded With Fat Precede the Disappearance of the Bacilli in Tuberculosis.—Characteristic of the tubercle and caseous inflammatory diseases of the lung is the large epithelial cells swollen with fatty substance, and this precedes caseation, during which process the bacilli often disappear. If there is no fat eaten in our diet and the fat tissue of the body has been exhausted of its oil, then no oil can be gathered by these cells, and their contents is more serous and the destruction of bacilli less marked.

Arguments for Subcutaneous Injections of Oil in the Cure of Consumption and Other Diseases.—All of these facts are

arguments for the use of subcutaneous injections of oil for the cure of tuberculosis as I have advocated in previous contributions, (7), (8), (9), (10).

There are other diseases in which subcutaneous injections of oil should be used such as the cachexia of cancer after operation, the treatment of syphilis where mercury is not tolerated, in early Bright's disease and in the treatment of some of the psychopathies and nerve diseases, as locomotor ataxia, after the removal of the cause to build up nutrition.

REFERENCES.

1. Landois and Stirling, Text-Book of Physiology, 1891.
 2. Dulaux: Comptes Rendus, 1896.
 3. Reference Handbook of The Medical Sciences, Vol. VI, page 113.
 4. United States Pharmacopoeia.
 5. Wood: Therapeutics, Its Principles and Practice.
 6. Lesperance: The Soluble Ferments of Cow's Milk, *Canadian J. of M. and S.* 1903.
 7. Keyes: The Cure of Consumption by Feeding the Patient with Subcutaneous Injections of Oil, and Its Digestion by the White Globules of the Blood, *MEDICAL BRIEF*, June, 1904.
 8. Keyes: Some of the Physiological Uses and the Formation of the Adipose Tissue of the Body and Its Relation, and that of Fat Foods to the Prevention of Tuberculosis; The Absolute Cure of Tuberculosis, by Subcutaneous Injections of Oil, *MEDICAL BRIEF*, August and September, 1904.
 9. Keyes: The Habit of Not Eating Fats Leads to Their Non-Digestion, Malnutrition and Tuberculosis, *Pacific Medical Journal*, September, 1904.
 10. Keyes: Immunity from Tuberculosis: Its Production by Fat Foods and Outdoor Camp Life; Subcutaneous Injections of Oil in the Cure of Tuberculosis, *Pacific Medical Journal*, July, 1901.
- 92 State Street.

[Written for the *MEDICAL BRIEF*.]

Prognosis in Sterility.

BY HENRY C. COE, M. D.,

Professor of Gynecology in the New York University and Bellevue Hospital Medical College, New York City.

(Continued from page 43.)

I do not intend to discuss the indications for surgical treatment in those cases in which sufficient local cause is found to account for sterility, especially where an operation is clearly justified by the presence of a well-marked pathological condition, and the resulting symptoms. These are enumerated in works on gynecology. Malformations, uterine displacements,

neoplasms, puerperal lesions—all these are obvious conditions which should be corrected. We are chiefly interested in the prognosis only so far as it relates to the question of subsequent conception.

In this connection it is proper to call attention to the fact that women have conceived under apparently impossible conditions (even in advanced malignant disease of the cervix), so that we are not in a position to affirm that there may not be exceptions to all the rules. Conversely, too great confidence can not be expressed with regard to the occurrence of conception, even after all the indications have been perfectly met by the surgeon. The length of time which has elapsed without impregnation is always an important element in the prognosis.

Even in the presence of apparent disease of the adnexa, care must be exercised about giving an unfavorable prognosis. Two years ago a multipara, aged thirty-five, was referred to me for an opinion as to the advisability of her submitting to a radical operation. She had been told by a well-known gynecologist that she must undergo hysterectomy for hopeless disease of the adnexa. I found both ovaries and tubes enlarged and adherent, but could not see any indication for such wholesale mutilation. After a short course of treatment with ichthyol tampons (which, of course, had nothing to do with the result), she became pregnant, and was delivered in due time of a healthy child. She has since borne another, having had no local trouble requiring treatment in the meantime. Had I curetted this patient, or performed some conservative operation upon the adnexa, I would naturally have regarded myself (and been so regarded by the patient) as the direct agent in effecting the desired result. This I believe to be a weak point in our statistics of the operative cure of sterility. We do not know whether the patient might not have conceived if nothing had been done. I do not wish to convey the idea that I am pessimistic with regard to the treatment of these cases, but simply to show that it is difficult to decide when a patient absolutely can not become pregnant without surgical intervention.

The question often arises, why is it that so few women, comparatively, become pregnant after divulsion and curettement (certainly not more than one in six), when the only apparent mechanical obstacle to conception has been removed? Some would say that the canal again contracts. But even when it remains patent, and the dysmenorrhea is entirely relieved, this does not occur. In some of these cases the tubes are doubtless occluded, in others the endometrium may again hypertrophy, while in the majority it must be confessed that no satisfactory explanation can be given.

Personally I have always felt skeptical about the direct influence of the operation in the case of women who have only been married a year or two, unless the obstruction was so marked that conception under the circumstances would seem to be impossible. In my experience, conception rarely follows immediately after marriage. There is usually an interval of several months.

One instance in which conception occurred soon after operation turned out disastrously. The patient had been married nine years without conceiving. She menstruated only once, then became pregnant in the tube, the ectopic sac ruptured, and she died after operation. An intraligamentous cyst was found on the opposite side. This leads me to call attention to the well-known fact that ectopic gestation is very apt to occur in women who have long been sterile, especially where this condition is due to former tubal disease, stenosis of the tube being the primary cause of arrest of the impregnated ovum before it reaches the uterus. Hence the natural inference that it may not always be desirable for women to conceive after a long period of sterility.

The attitude of most patients with regard to the question of abdominal section undertaken primarily for the cure of sterility is well illustrated by the following case recently seen in consultation. A highly intelligent lady had been married several years without conceiving. She contracted gonorrhea from her husband some years before, which resulted in salpingitis, for which she was treated successfully by an esteemed colleague of strongly conservative tendencies, and

made a perfect symptomatic recovery. Her husband and herself were extremely desirous of offspring, and as the specialist gave an exceedingly bad prognosis in view of the condition of the pelvic organs, the question of operative intervention was discussed, the attendant refusing to operate, since he believed that she was practically in perfect health, and the risk was not justified by the doubtful result.

Another gynecologist was consulted and strongly advised an operation. She was referred to me by her physician, in order that I might give a decisive opinion. I found that she had no symptoms referable to the pelvis. The uterus was retroverted and adherent, and the left tube and ovary were enlarged, prolapsed and fixed by adhesions. The natural inference was that a mild salpingitis had resulted in localized peritonitis and occlusion of the tubes. Curettement, the separation of adhesions, conservative treatment of the adnexa, and internal shortening of the round ligaments would naturally suggest themselves to every surgeon under the circumstances; in fact, this coincided exactly with the advice of the second specialist.

The patient was perfectly willing; in fact, anxious to have the operation, but the point of interest with her was whether she would conceive afterwards, not whether her pelvic organs would be restored to their former normal position, or future attacks of peritonitis would be averted. To her direct question I replied frankly that the operation would be purely empirical. It was highly improbable that she would ever become pregnant in her present condition, and if she did, abortion would inevitably follow. Since no guarantee of positive results could be given, I learned afterwards that her husband was unwilling to have her exposed to the risks of abdominal section.

When there is a history of a previous attack of pelvic inflammation, and well-marked local lesions are discovered, the prognosis will depend upon the more or less successful restoration of the uterus and adnexa to their previous normal condition. The future relief of symptoms would seem to prove that this result has been attained. For example, a lady, aged twenty-eight, married six years, came to

me three months ago principally on account of sterility. She had constant back-ache, with dysmenorrhea, the flow lasting only a few hours. Examination under anesthesia showed a uterus of normal size, retro-flexed and adherent, both ovaries being prolapsed and fixed by adhesions. After curetting, I opened the abdomen, and found that the ovaries were of normal appearance, containing well-developed Graafian follicles, but they were buried in exudate, the ends of the tubes being occluded. The adhesions were separated, the tubes catheterized, the uterus placed in its normal position by shortening the round ligaments internally, and the ovaries and tubes were sutured in their normal relation to the uterus. The two periods following the operation have been quite normal in amount, and nearly painless. In such a case I felt justified in giving a guarded, though not unfavorable prognosis with regard to future pregnancy. I could at least assure the patient that the conditions were far more favorable to conception than they had been before. So, in a case with less marked local trouble, where sterility had existed for five or six years, curettement having been done three years before, I resisted the suggestion to operate for two years, and after two examinations under ether. There was a sharp ante flexion with an enlarged right ovary, and a history of form appendiceal trouble, marked dysmenorrhea and constant pain on the left side. Coeliotomy was performed, after thorough division and curettement, when the right ovary was freed from adhesions and resected, the appendix removed and slight adhesions were separated on the left side (where the adnexa were normal). The patient has been entirely relieved from pain, but has not become pregnant. What, then, is the prognosis after conservative operations on the adnexa, undertaken with the view of curing sterility, as well as of relieving local symptoms? This does not, of course, include cases in which a healthy ovary and tube are left after removal of a neoplasm of the opposite ovary. I have discussed this question at length in a former paper. Suffice it to say that while I have constantly pursued a conservative course in all my abdominal and vaginal sections, so far I

have had only four or five in which the patient afterwards went to full term.

Other gynecologists have been more fortunate, yet the proportion of cases in which conception has resulted directly from the operation is, by reference to the most favorable statistics, not over five per cent. My own feeling has been that the primary result to be aimed at in preserving healthy portions of the ovary is to maintain the function of menstruation, and thus avoid the distressing symptoms following castration in young women. Unquestionably it is our duty to preserve the fibroid uterus in young women where tumors can be excised with safety, especially when the ovaries are healthy, but we should be careful not to promise too much. Many cases have been reported in which conception and normal labor followed myomectomy, but it must not be forgotten that the ovaries may atrophy after removal of the neoplasms, in consequence of the necessary ligation of large arteries. A distressing case of this nature was recently under my observation. A young married lady came to me showing a letter from a distinguished German surgeon, in which he assured her that having simply removed a fibroid, and left the healthy uterus and adnexa, there was no reason why she should not marry. She enjoyed perfect health, but after menstruating a few times her periods ceased and never returned. I used intra-uterine faradisation at her urgent request, but the uterus was atrophied, and there was every reason to infer that the ovaries were in a similar condition. Much as I wished to encourage the poor woman, who was anxious to become a mother, I could not conscientiously hold out any hope, and she left me, doubtless for some other specialist who could make better promises. The operation was a brilliant success, but the prognosis had been too confident.

I am convinced from a rather extended experience with the after treatment of these cases, and opportunities for study of the conditions in a considerable number of secondary coeliotomies, that we do not realize how often atrophic changes occur in the ovaries after conservative operations, due to the disturbance of the normal vascular supply, and the forma-

tion of intra-pelvic adhesions, with necessary distortion of the uterus and adnexa. In not a few instances marital relations are also painful or impossible on account of shortening and atrophy of the vagina.

To conclude, remembering the possible results of abdominal section, even in uncomplicated cases, it is incumbent on us not to give too confident a prognosis with regard to the cure of sterility. Life may, indeed, be saved and pain relieved, and the patient restored to perfect health, but that she will inevitably become pregnant is more than any man can predict.

In no case, however uncomplicated, is the surgeon justified in promising that conception will follow any operation, however successful it may be anatomically and symptomatically, since experience has shown that the mere removal of mechanical obstacles to the passage of the ovum and spermatozoa into the uterus does not necessarily insure the desired result. On the other hand, we are seldom in a position to affirm positively that conception may not occur under the most unfavorable condition. A fair statement of the result aimed at by operative intervention (whether division and curettement, the correction of uterine displacements, removal of neoplasms, or conservative treatment of the tubes and ovaries) may be thus summarized: The pelvic organs will be restored as nearly as possible to their normal conditions, local symptoms will be relieved or entirely removed, and more serious future trouble may be averted in the case of intra-abdominal lesions, while the possibility of future conception will be greater than if nothing were done.

[Written for the MEDICAL BRIEF.]

**Briefs on Genito-Urinary Surgery—
Vasectomy for True Spermatorrhea and Prostatorrhoea.**

BY G. FRANK LYDSTON, M. D.,

Professor of Genito-Urinary Surgery and Syphilology, State University of Illinois; Attending Surgeon St. Mary's and Samaritan Hospitals.
Chicago, Ill.

Reputable surgeons unite in the view that true spermatorrhoea is a very rare condition. It does, however, exist, and while a large proportion of the cases

necessarily fall into the hands of the neurologists, who most often deal with the conditions to which true spermatorrhoea is often secondary, a sufficient number of cases are met with both by the general practitioner and the genito-urinary specialist to warrant the serious consideration of the disease.

It is unfortunate that the reputable general practitioner knows so little of the pathology and treatment of the various phases of aberration of the sexual function included under the term spermatorrhoea. The ignorance of the profession on this point is one of the principal sources of revenue of the quack, who has no difficulty in classifying nearly all of the disturbances of the sexual function as "spermatorrhoea."

It is true that spermatorrhoea as a continuous loss of semen does not occur, as was formerly supposed. The losses occur only at intervals, and under special conditions, which are largely mechanical. Bartholow's description of the condition as one in which involuntary losses occur with sufficient frequency to produce a definite morbid state would be accurate enough were it not for the fact that it does not comprehend certain cases of sexual neurasthenia resulting chiefly from the psychic effect of the seminal losses.

It is probable that in most instances the actual physical result of abnormal seminal discharges in the way of a drain upon the system is of no particular moment, but if the impression upon the mind of the patient is sufficiently pronounced as to produce marked neurasthenia, the result is practically the same. In many instances the so-called spermatorrhoea is prostatorrhoea, a condition in which, as a consequence of inflammation or congestion of the prostate, hypersecretion occurs. In this condition the slightest pressure upon or excitation of the prostate and seminal vesicles produces the discharge. In the majority of cases no seminal elements are found, but in a certain proportion of them, as might be expected, an admixture of these elements is discoverable upon microscopical examination.

Associated with this latter condition is an intense hyperesthesia of the prostatic urethra.

Spermatorrhea is sometimes a symptom of nervous disease, particularly of the spinal cord. Thus it is occasionally seen in locomotor ataxia. In conditions of this kind the sexual disturbance is a secondary consideration, it is true, and should usually be regarded as such with respect to treatment. In some instances, however, it assumes a position of considerable importance, because of its effect upon the mentality of the patient.

Comparatively simple measures of treatment of spermatorrhea and prostaticorrhea are usually efficacious. Attention to sexual hygiene, prostatic massage, instillations of silver into the prostatic urethra, of applications of strong salts of silver via the endoscope are generally effective. There are certain cases, however, in which the profound psychopathic disturbance incidental to intractable discharge, whether of seminal fluid or prostatic secretion, or both, demands, in my opinion, more radical measures. Vasectomy affords a certain means of relief in these cases, and considering the fact that the individuals suffering from severe and incurable types of the disease have already lost their procreative capacity, and certain degenerates are really not entitled to the procreative function, there are practically no contra-indications. It would hardly be urged that the procreative function should be conserved in the case of ataxics, nor do I believe that the victims of ataxia themselves, when apprised of the results of vasectomy, so far as procreative function is concerned, will be deterred from submitting to an operation that promises them any relief from what to their minds is the most serious of their illness.

One could scarcely be accused of a lack of conservatism in suggesting the operation to certain degenerates in whom it is usually the result of vicious habits, which no means of physical or moral persuasion will check. Certain types of individuals found in our asylums for the insane, and in whom there is a strong sexual element, are certainly fit subjects for vasectomy.

Prolonged observation of the class of cases under consideration has convinced me that there are certain cases of spermatorrhea, pseudo-spermatorrhea, prosta-

torrhea and nocturnal pollutions, in which the resulting morbid physical, moral and psychic derangements demand the most radical measures. I believe not only that in such cases vasectomy is justifiable, but I am of opinion that its performance is in harmony with the highest altruism in the relief of human suffering.

In the performance of all mutilating operations upon the testes and the cord, which are likely to interfere with the procreative function, a clear statement of the probable or inevitable results should be made to the patient in the presence of witnesses.

100 State Street.

[Written for the MEDICAL BRIEF.]

The Treatment of Atrophic Rhinitis.

BY CLARENCE C. RICE, M. D.,

Professor of Diseases of the Nose and Throat, New York Post-Graduate Medical School and Hospital; Consulting Surgeon in Throat Diseases to the Out-Door Department, Bellevue Hospital; Visiting Physician New York Infant Asylum; Laryngologist to the Montefiore Home; Fellow of the Academy of Medicine; Member of the American Laryngological Association, County Society, State Medical Society, Pathological Society, Etc., Etc. New York City.

In our last short paper we endeavored very briefly to state the manner in which hypertrophic rhinitis, and its acute manifestation, "colds in the head," could be cured.

Before speaking of the treatment of atrophic rhinitis, we must, in a very few words, consider the causes of this very troublesome ailment. It is much more difficult to cure an atrophic than a hypertrophic variety of nasal disease, because while tissue can be easily removed by surgical measures, it can not easily be replaced. In atrophic rhinitis the pathological process has gradually but surely destroyed the physiological apparatus of the nasal passages; it has killed the tissue which supplies warmth and moisture, and so has caused a most troublesome dryness, which extends from the vestibule of the nose all the way down to the bronchial tubes.

There are certain indications for treatment, which, if met, will make the patient comparatively comfortable. This disease

is mainly found among the poorer classes, among those who are obliged to work in factories or dirty shops, or who do not, perhaps can not, pay proper attention to their surroundings. While we believe that heredity plays a very important part in the causation of this disease, we think, too, that lack of cleanliness, poor food and bad ventilation are also important factors; so that in mapping out a line of treatment for the patient we must insist that he get as much outdoor exercise as possible, bathe the neck and head especially with cold water, do vigorous massaging about the neck and face and nose, and faithfully take such remedies as iron and cod-liver oil, hypophosphites and potass-iodide. Very small doses of the latter, from two to five drops three times a day, will be found of great benefit in the early treatment of the disease, because it will increase the secretion, and so make the mucous membrane more moist, and therefore throw off the dry, thick scabs which accumulate.

We believe, therefore, that while the causes of a hypertrophic process are mainly of a local character, that in the atrophic variety the general condition of the patient largely predisposes to it.

It is almost absolutely a fact that no surgical procedures are necessary in the treatment of atrophic rhinitis, since as has been stated, the mucous and sub-mucous tissues, and the bony framework of the nasal passages have so shrunk that the nostrils are far too open, and so admit too large an amount of air, dirt and dust to sweep through against the pharynx, and so down into the respiratory tract.

There are only two exceptional indications for surgical work; one is the partial removal by scissors or forceps of the middle turbinated bone, when that body is so much enlarged as to be wedged hard down upon the nasal septum, preventing proper drainage. Only a very small portion of this should be removed by scissors and cutting forceps, just enough to allow the passage of air between it and the septum. An aperture of one-sixteenth of an inch is quite sufficient. The only other indication for surgical procedure is in a case where the septum is so bent upon itself, and devi-

ated from the median line, that while one nasal passage is very narrow, the other one is so abnormally large as to have become atrophied simply because of its overphysiological action and use. Here the advanced atrophic process in the wide nostril can be very much relieved by fracturing and carrying the nasal partition to the median line. This is all that is necessary; and no cutting need be done with scissors, as we do in those cases of very high, arched palate, where we desire to get rid of a redundancy of nasal partition. In the former there is no surplus of tissue, and the carrying of the partition into the median line is all that is necessary.

The detailed medical treatment of these cases must include constant cleansing and oiling at home. We have never believed in the necessity of using large quantities of fluids by means of fountain syringe. We think the better way is to use a lukewarm saline solution (three-fourths of a teaspoonful of salt in a glass of water), and the patient is instructed to hold the solution high up, place the nose in the solution, and gently breathe it through the nose with the mouth open. Patients must be made to understand the importance of keeping the mouth open, otherwise the middle ear may become inflamed. Washing the nasal passages three times a day should be sufficient. We prefer the simple saline solution because we have found that solutions of carbolic acid, bicarbonate of soda, and many of the newer nasal disinfectants, when long continued produce an after dryness because of their rapid evaporation and volatile ingredients. We think that many of these remedies are too acid in their reaction, and have suggested the composition of a nasal wash which has proved very satisfactory, viz.: alkaline thymol-formol. This solution is alkaline, soft and mild, and produces no irritation or undue stimulation after its daily use. About one tablespoonful of this in a glass of water may be used advantageously as a substitute, or an alternate, for the simple saline solution. Plain liquid alboline thrown into the nose with an atomizer is better than strong oil solutions of menthol, thymol and eucalyptol or

camphor, because they, too, produce dryness by their rapid evaporation.

As we understand it, the only efficacy of the oil is to lubricate so that any simple, cleanly oil answers the purpose.

It is not well to direct the patient to use oily sprays continually, but rather to discontinue them for several days after using them for a week. It is our habit to rub the mucous membrane not only on the septum, but on the turbinate side thoroughly with a prescription as follows:

R Eucaine 4 grains.
Alkaline Thymo-Formol 4 drachms.
Water..... 1 ounce.

By rubbing the nasal surface with such a solution every day for a week, and then every other day for a week, the dry, granular surface can be made smooth and more moist, so that scabby secretions will be less likely to be retained. We might call this a polishing process.

During the three or four days of an acute catarrh, which frequently takes place in an atrophic rhinitis, the mucous membrane should be kept protected and disinfected by a compound stearate of zinc and boric acid. This is to be pursued only for a few days because the powder would eventually make the nasal passages too dry.

We have used the Wappler glass electrode with the static machine more successfully than the older electrodes, and the galvanic current.

During the very cold days in winter in advanced cases of atrophic rhinitis protection by means of a respirator, or the wearing of a veil, is required, and many patients get considerable relief by introducing small pledgets of cotton in the nasal passages. None of these are required in warm weather. The physician should not forget the importance of prescribing the tonics, and the sanitary methods of living which were referred to earlier in this paper.

123 East Nineteenth Street.

Enclosed find one dollar to pay for the BRIEF for another (1905) year. This makes my fourteenth year, and I am not tired of the BRIEF yet. Long live the Editor and Old Doc.—T. DEASON, M. D., Rhodes, Tex.

[Written for the MEDICAL BRIEF.]

Pemphigus.

BY A. H. OHMANN-DUMESNIL, A. M., M. D.,
M. E., PH. D.

Formerly Professor of Dermatology and Syphilology in the St. Louis College for Medical Practitioners, the St. Louis College of Physicians and Surgeons, the Marion-Sims College of Medicine; Consulting Dermatologist and Syphilologist to the St. Louis City Hospital, St. Louis Female Hospital, St. Louis Poor House, etc.; Editor and Proprietor "St. Louis Medical and Surgical Journal," St. Louis.

It is an unfortunate fact that an adequate knowledge of skin diseases is not possessed by the rank and file of the medical profession, and this is easily understood when we take into consideration the fact that it is only in comparatively late years that any attention has been paid to adequate instruction in these troubles under the mistaken idea that they amounted to little or nothing. A most erroneous conception of the facts in the case from the well-known circumstance that these diseases are daily acquiring more and more prominence as well as attracting more attention at the hands of the medical profession. The specialist is certainly necessary, but it is equally true that the general practitioner should only resort to him when it is absolutely necessary, and not in those cases which he is perfectly competent to successfully treat.

For this reason he should perfect himself in those affections which, while far from being rare, are often appalling in their appearance, and yet susceptible of being relieved by the simplest methods. It is with this idea in mind that it has occurred to the writer to describe the symptoms and treatment of a skin disease which has puzzled many a practitioner of medicine, and has given some difficulty to his chosen specialist, because the latter bore in mind the pathology more than the treatment of the disease.

Pemphigus is a disease of the skin which has been divided into a number of classes, such as pemphigus vulgaris, pemphigus vegetans, pemphigus foliaceus, pemphigus verrucosus, etc.

It is our purpose to take up here pemphigus vulgaris, which is a chronic bullous

disease of the skin, and not comparable in its fatal effects to pemphigus acutus, which not infrequently brings on a lethal termination in a few days. It is a disease which to the practised eye is easy of recognition, and not difficult to identify. In fact, he who has seen but one case, and has observed it well, will never make a mistake. And yet, as will be shown, later on, it is one of the diseases most easily confounded with that bane of dermatology, dermatitis herpetiformis, and has led to almost interminable discussion in regard to the proper identification of both.

Pemphigus vulgaris is essentially a chronic disease of the skin which is characterized by an eruption of bullæ, blebs, or blisters, which vary in size from a hen's egg to a pigeon's egg, and which may be hemispherical, semi-ellipsoid, or elongated in shape, and raised to a marked degree above the skin, and filled with a serous fluid.

An external infection may render this fluid turbid or purulent, but this is an uncommon occurrence, and, as a rule, the environments of the patient will easily determine the reason of any such infection. However the case presents itself, the patient will complain principally of the hideous appearance of the eruption, and of the subjective pains which are its accompaniments.

These are similar in all cases, and it is hardly a difficult matter to rid the patient of both. Whatever the treatment determined upon, it should certainly be aseptic so far as local measures are concerned, and it should be one that is radical in respect to the internal remedies administered.

It may not be inappropriate here to state that the disease is one observed both in children and in adults. In the former it is not so severe as in the latter, as a rule, and recoveries are much quicker. Women are not more susceptible than men, the proportion being about equal, so far as the writer has observed, but a fact that has been noted is that those of a susceptible nervous temperament are more subject to the trouble than those who are phlegmatic, and of a lymphatic temperament.

But a few words need be devoted to the pathology of this disease. It has been contended by some authors that its origin is bacterial in nature, and that, on this account, it is contagious. On the other hand, as good authority, and the author is among this number, has failed to find micro-organisms which could be regarded in the light of a causative nature. Some saprophytes, perhaps, of external derivation, have been found, but no specific organisms could be isolated, or cultures made from them, from which pure cultures might be made and inoculated in favorable soil. But what the writer has found is a true neurotic cause, due to a disturbance of the sympathetic nerve ganglia, and treatment directed to a correction of this condition has resulted in the best results of a curative nature permanent in its effects.

This naturally leads us to a consideration of the remedial measures to be taken in cases of pemphigus vulgaris. These measures should be both constitutional and local in order to secure the best possible measures in the most rapid time. Whilst an untreated case may go on to the spontaneous bursting of the bullæ, and a consequent ulceration and suppuration of the raw surface, which is thus denuded, proper local measures will bring about a clean condition, which will rapidly heal without pain or any other disagreeable or inconvenient symptom.

This is most important in adults who are compelled to work, and in whom the lesions may occupy localities which interfere with the necessary movements incident to their duties. For this reason a rapid, cleanly, and pleasant method is the one to adopt, and of the highest importance to the patient, gratifying as well to him as to the physician.

The method to be employed may be briefly described as follows:

Open widely all the bullæ with sharp-pointed scissors, and freely apply a powder composed of the following:

R Nosophen.....2 drachms.
Bismuthi Subnitrate.....4 drachms
Magnesiæ Carbonat.....1 drachm.
M. Sig: Apply two or three times daily.

The oozing will rapidly cease under this application in conjunction with the

following treatment, which is for an adult:

R Acidl Arseniosi.....2 grains.
Pulv. Piperis nigris.....2 drachms.
Ext. Gentian, q. s.
M. ft. caps (No. 5) No. 40. Sig: One capsule after each meal.

In the case of children, capsules can not be ordered, as they will, in all probability, refuse to take them. In order to obtain the same results, a liquid can be ordered which will act as well, according to the following formula:

R Liq. Kali Arsenit.....2 drachms.
Vini Ferri.....2 ounces.
Syr. Limonis.....2 ounces.
M. Sig.: Teaspoonful after each meal.

This dose is applicable to children from four to seven years of age. The physician may regulate the dose according to age.

The reason of administering arsenic internally in this disease is that it is essentially dependent upon a disturbance of the sympathetic nervous ganglia, and as arsenic is a tonic to the entire sympathetic nervous system, and its ganglia, we have in it the logical therapeutic agent in pemphigus. In addition to this experience has demonstrated its indubitable value to the writer, and, after all, we must all accept the old Latin saying, "*Experientia docet*" (experience teaches), and it is certainly good practice to hold to that which is good.

Under the form of treatment just outlined, the prognosis is of a most favorable kind. The writer has seen mild cases recover in seven to ten days, and no relapses occur for more than ten years. It is for this reason that it can be recommended. The utmost care should be taken not to confound a case of dermatitis herpetiformis for it, as it is a notoriously intractable trouble which is continually relapsing. The longer a case of chronic pemphigus has existed the longer a time is necessary for a cure, but, under proper treatment such as has been outlined above, a comparatively rapid recovery may be expected.

5 South Broadway.

Find enclosed one dollar for subscription to the MEDICAL BRIEF for 1905. I am highly pleased with the BRIEF.—S. F. OLEN, M. D., Brentwood, Tenn.

[Written for the MEDICAL BRIEF.]

Some Clinical Notes.

BY GRACE M. NORRIS, M. D.,

Graduate of Woman's Medical College, Baltimore, Md.; Fellow in Ophthalmology of the Golden Gates College, Chicago, Ill.; Member of American Association of Physicians and Surgeons; Formerly Clinical Assistant in the North End Dispensary and Hospital of Boston, Mass.; Member of the Medical Society of Woman's Medical College, Baltimore, Md. South Columbia, N. Y.

It is not my intention to go into an exhaustive article on a remedy that covers so large a field of usefulness, but to give briefly the everyday points, in cases I treated with echthol; and to illustrate the benefit derived from this preparation. I will relate the clinical histories of several of the cases treated by me in the clinic of the Woman's Medical College of Baltimore, Md.

Case 1.—Mrs. R. H., widow, colored, aged sixty, consulted me because of a "sore leg," which began to trouble about five years previously. It began from a break in the skin, caused by striking the handle of a clothes wringer against her leg, and had been growing larger ever since until at the time of the consultation it was as large as the palm of the hand. She stated that at times it was so painful that she could not rest in any position. I tried various remedies, but none of them seemed to afford any relief. Finally I prescribed echthol, one teaspoonful four times a day, and also directed her to use it as a lotion, after carefully and thoroughly cleansing the parts with warm sterile water and soap, three times a day. At the time of the consultation the ulcer was very foul smelling, angry and putrid in appearance. She reported in one week and I found the condition of the ulcer very much improved in appearance and odor, if not in other respects. On some parts of its surface healthy granulations could be observed, and at the edges it had assumed a very much more healthful condition. The applications of echthol were continued with the result that at the end of three weeks the place had entirely healed. An examination of the leg a few months later showed the place as firm and intact as any part of the tegumentary system and it was assuming a normal appearance.

Case 2.—Mrs. S. H. R., white, aged sixty-five. On calling to see her found her suffering from sores on her foot the characteristic odor of gangrene; tissues very black; sloughing began and ulcers present with foul odor. These were cleaned in hot sterile water thoroughly dried and dressed with absorbent cotton wet with echthol. Echthol was given in doses of a teaspoonful every two hours. In first twenty minutes after echthol dressing was applied she was relieved from pain and had the first sleep she had enjoyed for several nights. The limb was dressed daily and the internal treatment continued. On the fourteenth day nearly all of the ulcers were completely healed. On the eighteenth day all of the ulcers were healed, and she has continued to do her washing and home work uninterruptedly since.

Case 3.—Mrs. A. L. T., colored, aged forty-six. She had an ulcer on both legs, each of ten years' duration, when she applied for treatment. Stated that several physicians had treated her, but none had given any relief. The ulcers were very indolent, their edges being exceedingly hard and indurated, the discharge was not very much in amount, but was putrid in character, and very offensive, and large deposits of fibrin had formed in the edges of the ulcers. I prescribed echthol internally and as an application, directing it to be applied morning and night after thoroughly cleansing with warm sterile water and soap. The echthol was administered internally and external applications were continued for three weeks before much improvement could be noticed, but from that time on the improvement was good, and in one month's time the ulcers had healed. This case was a very stubborn one, but recovery was final, and there has been no relapse.

Case 4.—Miss B. S. C., white, aged forty-eight, afflicted with erysipelas. There was intense itching and burning of the left foot, and blisters were also present. She had suffered with this for about ten days, and nothing having given her even temporary relief, she was consequently in a very nervous state. She had scratched the parts until they were raw and bleeding profusely. Prescribed echthol, teaspoonful every hour, and having deterged

the affected portion with sterile water and soap, echthol was applied, bathing it with this preparation for about ten minutes, and bandaged it. In just exactly half an hour the itching and burning had entirely ceased, and on the third day the dressing was removed, and she has had no trouble with it.

Case 5.—Mrs. K. H. L., white, aged twenty-four, five months pregnant, presenting a most persistent case of pruritus vulvæ. The itching was continuous and almost unendurable, the vulvæ and environing parts also being affected. She had used many medicaments without even a soothing palliative influence, had lost weight considerably, and was altogether a most distressed individual. Immediately began the treatment. First cleansed the parts with sterile water to remove the remnants of the former medications she had employed, and applied echthol freely, after which a linen cloth was thoroughly moistened with echthol and laid on portions affected. The echthol afforded instant relief and in four days she was entirely and permanently cured. Applied the remedy four times a day and oftener if necessary, and administered a teaspoonful four times a day.

Case 6.—Miss L. H. R., white, aged twenty-three. Had acne for the past three years, the eruption confining itself to her face, which was most disgusting to behold and so mortified her that she refrained from appearing among people any more than she could help. Prescribed echthol internally teaspoonful four times a day, and externally to face. In a few days the eruption had disappeared and she had no relapse.

Case 7.—Mrs. B. C. N., white, aged thirty, ulceration of cervix, taking in almost the entire lip of the cervix on the left side, and extending up on the external surface; of ten years standing, and had resisted many vigorous treatments. Administered echthol internally, teaspoonful four times a day, and applied tampons of the preparation. Removed tampons every six hours, for a week, thenceforward twice a day. In three weeks the case was discharged.

Case 8.—Ruth R., one year old, colored. Had an abscess gather and break in the ear. The ear was carefully cleansed, then

ecthol dropped in and the auditory canal plugged with cotton. This treatment was repeated three times a day and in four days the ear was healed.

Case 9.—Mr. R. H. B., colored, aged twenty-three. Had a well-defined carbuncle on the back of the neck, the size of a twenty-five-cent piece, with four perforations. Patient said he had suffered for two months so severely that he could only sleep a few minutes at a time, and unless some relief could be afforded, he must resort to morphine, which he resolutely abstained from, having a dread of the drug. He was requested to be patient and he would be relieved. Prescribed one teaspoonful of ecthol every two hours. Ulcer was dressed with this preparation and in a month's time the case was discharged.

Case 10.—Mr. C. N. H., white, aged thirty, carbuncle on the back of his neck, suffered fearful and incessant pain, utterly prohibiting sleep, and mitigated to bare endurance by one-eighth grain of morphine every three hours. The sore was exuding dead cellular membrane. Its edges were very ragged and raised, inflammatory edema, showing high inflammation, which accounted for the extreme pain. Prescribed a teaspoonful of ecthol every two hours and injected a hypodermic of ecthol around it, and then prepared a dressing of ecthol. The agonizing pain at once subsided, the morphine was stopped. Next day the carbuncle was curetted and the wet dressing of ecthol continued. In about five weeks it was completely and smoothly healed, with no depression of the surface, and a hardly noticeable soft pink cicatrix, the only trace remaining to mark its site.

[Written for the MEDICAL BRIEF.]

Are Proprietary Medicines Ethical?

BY J. R. PHELAN, M. D.,

Editor *Oklahoma Medical News-Journal*.
Oklahoma City, Okla.

In writing an article under the above heading, we must make a distinction between proprietary and patent medicines. We might define them by saying that proprietary medicines are those of a known formula, and sold under a copyright name, and are advertised to the medical

profession only. While patent medicines are those of a supposed secret formula sold under a patent name, and advertised in the magazines and newspapers to the laity.

In some instances it may seem hard to make a distinction, for some of the proprietaries approach so near the line of patent medicines that it would almost take an expert to distinguish them.

The point I wish to bring out in this paper is, where shall we draw the line? Which shall we class as ethical, and worthy the patronage of the practicing physician, and which shall we class as non-ethical, and not to be prescribed by the doctor?

Our forefathers used crude drugs, and did their own compounding, or had it done by the apothecary. These compounds were as a rule very nauseating and unpalatable. No wonder the mothers used to deter their children from doing wrong by admonishing them with "if you do that I will have the doctor give you some medicine."

To-day we can note as much advancement in medicine as in any other profession or industry. By a peculiar process, castor oil is made palatable, quinine is now put up in a form pleasant to the taste, cod-liver oil is no longer disgusting, iron is deprived of its corrosive qualities, and acetanilid of its heart-depressing effects. Opium is no longer constipating, and has become a safe anodyne for children.

Does not the chemist who has brought about this agreeable change, or who has transformed these drugs into palatable and safe preparations, merit some praise and recognition from the dispensers or general practitioner? I think so.

It is true that many practitioners are prejudiced against these preparations, and they will offer you good reasons for their stand. They will tell you that many of the so-called proprietary medicines have their monogram stamped upon the very tablets themselves, and these coming into the patient's hands will at once suggest to them the inquiry, "What does this mean?" Others, they say, will request of you to dispense their preparation in "original packages," which contain stamped in the bottle the name of the

preparation, and pasted to it a circular giving all the indications for which it is to be used, with full directions.

This, they say, is an invitation for the patient to go to the druggist and buy the preparation in the future, thus a saving to them of the physician's prescription fee. Now, can you blame them? Their objections sound reasonable.

The proprietary manufacturers will tell you that it is essential for them to stamp their trade-mark upon their preparations in some indelible way. This is to protect them against the substituter—the dishonest druggist.

There is a happy medium which should be brought about between the proprietary manufacturers and the practicing physician. It is only too true that many of the proprietary preparations are advertised too indiscreetly, and this has caused a prejudice against all proprietary preparations among many of the best physicians. And on the other hand we often know of physicians prescribing some of the most vile of patent medicines.

How will we remedy the evil? Let the proprietary manufacturers label their preparations by their scientific name, the same as the standard pharmaceutical preparations. Send the literature direct to the physicians, and have their preparations given in the *materia medicas* and pharmacopelas, giving their therapeutical and physiological action, have the legislatures of different States inaugurate stringent laws against druggists substituting, and have same rigidly enforced.

The physician should investigate the preparations he is prescribing, see if any of them are being advertised in lay journals, magazines or newspapers, and if so, he should discard them at once. Those preparations which (the advertising) are strictly confined to the medical profession, the formulæ of which are furnished the physician, and the preparation being an improvement over the crude drug or pharmaceutical product. The proprietary preparations of this kind should receive due consideration from the physician.

I like the MEDICAL BRIEF very much, and enclose check for 1905.—S. M. CUMMINS, D. D. S., Elkhart, Ind.

[Written for the MEDICAL BRIEF.]

Idiopathic Hemorrhage of the Lingual Tonsil.

BY JAMES M. BROWN, M. D.,

Professor Laryngology and Speech Defects, Dearborn Medical College; Assistant Professor Laryngology, Chicago Polyclinic, Associate Laryngologist Cook County Hospital, Chicago, Ill.

Recently my attention has been directed to several cases wherein there occurred a hemorrhage from the throat, the cause of which was for a time somewhat vague in that the source was the lingual tonsil, which can be easily overlooked. Situated at the base of the tongue behind the circumvallate papillæ and above the attachment of the epiglottis, the tonsil appears as a series of rounded elevations composed of adenoid tissue. The importance of the lingual tonsil, from a physiological and pathological standpoint, can readily be overlooked. It has an intimate vascular and lymphatic connection with the tongue, the upper portion of the larynx, pillars of the fauces and the lateral pharyngeal walls rendering it liable to irritation from food, and it tends like other gland structure to alteration, dependent upon systemic or associated local lesions.

When the lingual tonsil becomes hypertrophied, or is the site of a mycosis, then symptoms are quite marked, and usually amenable to treatment. The following cases were typical and comparatively free from any catarrhal condition or other predisposing causes of cough, but the main and alarming symptom was the presence continually of blood in the sputum which at first seemed unaccountable.

Case 1.—J. H. E., merchant, family history good; complained of a slight cough, accompanied by a slight discharge post-nasally, and moderate nasal occlusion. Previous health had been good, with the exception of a mild attack of acute otitis media one year previous.

At the time the patient presented himself for treatment there appeared frequently in the sputum quantities of blood. To all appearances otherwise the sputum appeared normal, which was confirmed by bacteriological examination. Chest examination failed to reveal any further in-

vovement. Close examination by means of the laryngeal mirror, presented to view upon the laryngeal tonsil a number of saccular dilatations, and surrounding these were numerous dilated blood vessels, some which had ruptured.

By the application of caustics and mild astringents, the tonsil decreased in size, and presence of blood disappeared, and from last account the patient had experienced no further difficulty.

Case 2.—Medical student, family and previous history good. Had caught cold and complained of hoarseness, dry cough and slight tenderness in the throat. The sputum contained blood. Bacteriological and other thorough examinations were made as in the case preceding, which failed to reveal the cause of the condition. The patient stated that he had used various gargles and taken medicine without any apparent results. Being forewarned by Case 1, examination was made by means of the laryngeal mirror, which revealed almost identically the same condition as in the preceding case, and which yielded readily to treatment. About three months later the patient returned for treatment, complaining of a constant cough, thick tenacious sputum streaked with blood, and a general debilitated condition. At this time the lingual tonsil was in a normal condition, the pharynx and larynx appeared to be acutely inflamed. The sputum now showed the presence of tubercle bacilli, and on examination of the chest there was a consolidation of the right apex. The patient was induced to try a change of climate, and last reports from him were quite favorable as to recovery.

At the outset these two cases presented practically the same symptoms, and in my opinion the cause was the same. So often the lingual tonsil can be overlooked, but when the dilated condition, saccular, bounded by areas of inflammation, are observed, the cause of the hemorrhage can hardly remain in doubt. In the second case it is my belief that the first symptoms may, perhaps, have been the primary signs of the tuberculosis, but that the condition had not advanced to the stage of the disease in which the hemorrhage was laryngeal or pulmonary.

34 Washington Street.

[Written for the MEDICAL BRIEF.]

A Study on Light, A Few Timely Scientific Facts Related for the Comprehensive Understanding of the Practitioner.

BY J. MOUNT BLEYER, M. D., F. R. A., M. S.,
LL. D.,

New York City.

(Continued from page 50.)

Although we do not fear heat and light can be confounded in the mind, so different are their phenomena, and yet so close, yet it is important to show how far these two principles have been separated from each other. Transparent bodies have different powers of colorific transparency, or transcalescence, some obstructing the heat of bodies at very high temperature, almost entirely in the thinnest layers; whilst others will allow even the heat of the hand to pass through a thickness of several inches. Liquid chloride of sulphur, which is of a deep red color, will allow sixty-three out of one hundred rays of heat to pass, and a solution of carmine in ammonia, or a glass stained with oxide of gold, rather a greater number; yet these transparent media obstruct a large quantity of light. Colorless media, obstructing scarcely any light, will, on the contrary, prevent the passage of colorific rays, but of every hundred rays spirits of turpentine will only transmit thirty-one, sulphuric ether twenty-one, sulphuric acid seventeen, and distilled water only eleven. Pure flint glass, however, is permeated by sixty-seven per cent of the thermic rays, and crude glass by forty-nine per cent. The most perfect diathermic body is diaphanous salt rock, which transmits ninety-two, while alum, equally translucent, admits the passage of only twelve per cent.*

Black mica and black glass are nearly opaque to light, but they allow ninety per cent of radiant heat to pass through them.

*The following table of the rays penetrating colored glass has been given by Melloni in his memoir on the free transmission of radiant heat through different bodies:

Deep Violet.....	53	Deep Yellow.....	40
Yellowish red (flaked).....	53	Bright Yellow.....	34
Purple Red (flaked).....	51	Golden Yellow.....	33
Vivid Red.....	47	Deep Blue.....	33
Pale Violet.....	45	Apple Green.....	26
Orange Red.....	44	Mineral Green.....	23
Clear Blue.....	42	Very Deep Blue.....	19

Translated in the Scientific Memoirs, Vol. I, p. 80.

Whereas, a pale green glass,* covered with a layer of water or a very thin plate of alum, will, although perfectly transparent to light, almost entirely obstruct the permeation of heat rays.

We thus arrive at the fact that heat and light may be separated from each other; and if we examine the rays of the sun by that analysis which the prism gives us, we shall find that there is no correspondence between intense light and ardent heat. By experiment it has been shown that where we have in the prismatic spectrum the most light, as in the yellow ray, we have only a temperature of 62° F., but below the red ray, out of the point of visible light, the temperature is found to be 79° F., while at the other end, in the blue ray, it is 56° F., and at the end of the violet ray no thermic action can be detected.†

* "The physical characters of this species of glass, which acts so differently from the other species of colored glass in all the phenomena of calorific, are, first, its intercepting almost totally the rays which pass through alum; second, its entirely absorbing the red rays of the solar spectrum. I have already stated that their coloration is produced almost entirely by the oxide of copper.

† Thus the coloring matters of the colored glasses, while they so powerfully affect the relations of quantity which the different rays of ordinary light bear to each other, exercise no elective action on the concomitant calorific rays. This curious phenomenon is the more remarkable as the coloring matters absorb almost always a very considerable portion of the heat naturally transmitted by the glass. The following are, in fact, the calorific transmissions of the seven colored glasses referred to as the transmission of the colored glass which is represented by 100; red glass, 82.5; orange, 72.5; yellow, 55; bluish-green, 57.5; blue, 52.5; indigo, 30; violet, 85. The quantity of heat absorbed through the action of the coloring substances is, therefore, 17.5 in the red glass, 27.5 in the orange, 45 in the yellow, 42.5 in the green, 47.5 in the blue, 70 in the indigo, and 15 in the violet. Now, as these absorptions extinguish a proportional part of each of the rays which constitute the calorific stream transmitted by common glass, they may be composed, as we said before, with the absorbent action exercised on light by matters more or less deeply brown or dark, when they are immersed in water or some other colorless liquid, which dissolves but does not affect them chemically."—*Annales de Chimie et de Phys.*, Tome XI, page 382.

Guided by these principles, the author selected the glass employed in glazing the Royal Palm House, at Kew Botanical Gardens, where it was desired to obstruct the passage of those rays which had a particular scorching influence.

† In *Philosophical Transactions*, Vol. XC, several papers by Sir Wm. Herschel, may be consulted. Investigation of the powers of the prismatic colors of heat and illuminate objects, with remarks that prove the different refrangibility of radiant heat, to which is added an inquiry into the method of viewing the sun advantageously, with telescopes of large apertures and high magnifying powers, page 255; Experiments on the refrangibility of the invisible rays of the sun, page 284. Experiments on the solar and on the terrestrial rays that occasion heat, with a comparative view of the laws to which light and heat, or rather the rays which occasion them, are subject, in order to determine whether they are the same or different, pages 298 and 437. In connection

From the circumstances, that as we, by artificial means, raise the temperature of any body, and produce intense heat, so we also occasion a manifestation of light after a certain point has been obtained,‡ it has been concluded that heat and light differ from each other only in the rapidity of the undulations of an hypothetical ether.

It must be admitted that the mathematical demonstrations of many of the phenomena of calorific and luminous power, are sufficiently striking to convince us that a wave movement is common to both heat and light. The undulatory theory, however, requires the admission of so many premises of which we have all the proof; its postulates are, indeed, many, the array of talent which stands forward in its support.

The undulatory theory shows us that by the measurement of the velocity of light it was absolutely proved that New-

ton with this inquiry. Sir Herschel remarks that since a red glass stops no less than six hundred and ninety-two out of one thousand such rays as are of the refrangibility of red light, we have a direct and simple proof in the case of the red glass that the rays of light are transmitted, while those of heat are stopped, and that thus they have nothing in common but a certain equal degree of refrangibility, which by the power of that glass must occasion them to be thrown together in the place which is pointed out to us by the visibility of the rays of light. In connection with the same subject a memoir by Sir Henry Englefield, in the *Journal of the Royal Institution* for 1802, page 202, may be consulted.

‡ Dr. Drapper, on the production of light by heat, in the *Philosophical Magazine* for 1847. Sir Isaac Newton fixed the temperature at which bodies become self-luminous at 635°; Sir Humphrey Davy at 812°; Mr. Wedgwood at 947°, and Mr. Daniel at 980°; while Dr. Drapper from his experiments gives 977°, and Dr. Robinson at 865°. In a review of the above paper by Melloni, entitled *Researches on the Radiations of Incandescent Bodies*, and on the *Elementary Colors of the Solar Spectrum*, translated for Gillman's *Journal* for August, 1847:

"I say that they conduct, as do others heretofore known on light and radiant heat, to a perfect analogy between the general laws which govern these two great agents of nature. I will add that I regard the theory of their identity as the only one admissible by the rules of philosophy, and that I consider myself obliged to adopt it until it shall have been proved to me that there is a necessity of having recourse to two different principles, for the explanation of a series of phenomena which at present appear to belong to a solitary agent."

Reference should also be made to a paper by Dr. Robinson, on the "Effects of Heat in Lessening the Affinities of the Elements of Water," in *Translation of the Royal Irish Academy*, 1848, where he says that, "when a platinum wire is traversed by a current gradually increased till it produces ignition, the first gleam that appears is not red, but of a color which, when I first saw it, I compared to the lavender rays discovered by Sir John Herschel beyond the violet, though I was surprised at seeing the tip of that most refrangible ray, preceding the ray which is least so. It is quite conspicuous at about 865°, and as the mode in which it makes its appearance presents nothing abrupt or discontinuous, it seems likely that it is merely a transition from invisible rays excited at a lower temperature to ordinary light." Page 310.

ton's corpuscular theory of light was untenable, and that therefore, as far as that theory was opposed to the undulatory theory, the undulatory theory must be accepted as true. There are a vast number of other facts, however, which tend to prove the truth of the undulatory theory both directly and indirectly.

But there is no theory in physics so firmly demonstrated as this. Our belief in the truth of the undulatory theory rests on the fact that it explains a vast number of totally different phenomena in a perfectly clear way; in fact, there are no phenomena in the theory of light which, if they have not been explained by the undulatory theory, we are not justified in saying could be explained by it if our mathematical analysis were sufficiently powerful to translate the meaning of the theory completely. But the undulatory theory of light was acquired certainly from a vast number of independent sources as well. In order that the radiations from a luminous body may be propagated through the ether, it is necessary that the luminous body must have its molecules in a state of rapid vibration; and not only has the whole science of spectrum analysis led up to this, to point out that the molecules of different bodies are vibrating in certain definite periods, such as will give vibrations off to the ether, and ultimately send them so as to strike the eye, but also a number of theories which have been reached independently, all tend to converge to this same point, and show us that not only are the molecules of a body in a state of rapid vibration, but that there is an ether capable of transmitting those vibrations.

The splendid experimental results obtained by Prof. Graham in connection with the diffusion of gases have proved almost beyond a doubt that the molecules of gases are moved about with a very great velocity, and means have been devised actually to measure the very velocity with which they are moving. The researches of Clausius, Clark, Maxwell, Thompson, Rankin and others have reduced the science of molecular motion of gases to an absolute certainty, so far as theory can be certain, and they have explained the laws perfectly upon this

assumption. The very size of one of these molecules has been determined by Sir William Thompson in four different manners, all of which agree, within fair limits, with each other, and from arguments which it is impossible for me to go into at present, Sir William Thompson has showed what is, in all probability, that actual nature, form and motion of those molecules. He shows that an atom is, in all probability, nothing more or less than a vertex ring. You have all seen smoke rings which have been formed from the mouth of tobacco smoke, or which are often seen coming from the mouth of a cannon—a ring of smoke passing through the air, with considerable velocity, and this ring having convolutions from the exterior of the ring into the anterior of a vertex atom, as defined by Sir William Thompson.

(To be continued.)

Medical Laws.

Chicago, Ill., December 24, 1904.

Editor BRIEF, St. Louis, Mo.

DEAR SIR—Your article on "Medical Laws" in the January BRIEF is beyond criticism, except in one point; you take pains to lay the blame on the politicians. The truth is that medical laws are never passed except on the urgent appeal of some interested doctors. Who got the Homeopathic boards established? Homeopaths. Who got all the Osteopathic legislation enacted? Osteopaths. Who are now working to shut out all forms of healing but the regular and accepted forms? Not the politicians. They do not care a rap.

But doctors are banding together to procure more laws; more power for State and County Boards. Doctors are urging the boycott on legislative candidates who will not agree to vote for certain bills.

It is the medical politician that is at the root of the evil. He urges that the nation will go to the devil if certain laws are not enacted; he uses the unthinking physician as a cat paw; he feasts on the fees and the rank and file of the profession pay the bill.

Very truly yours,

ELMER ELLSWORTH CAREY.

BRIEF TALKS

Articles for this department should be practical suggestions that will interest the busy practitioner. They should be short and to the point, and not contain more than one hundred words, but may be much shorter.

[Written for the MEDICAL BRIEF.]

External Treatment of Pneumonia.—

The external treatment of pneumonia is fully as important as the internal. Don't smother your patient with poultices and hot applications. One or two ordinary rubber water bags filled with ice water placed upon or against the diseased lung with one garment between the bags and skin. Be particular to have one bag at the back and upper part of the lung where the most involvement usually is. Let him have plenty of cool, stimulating air from out of doors. This treatment relieves the pain in the lung and pleura; reduces the temperature, improves the breathing and hastens the crisis. Do not be afraid to try it. After you have had the bags on your patient half an hour, he would not let you take them off if you wanted to.—James I. Anderson, M. D., Warrensburg, Mo.

[Written for the MEDICAL BRIEF.]

Gastric Membrane in Tuberculosis.—

Tuberculosis is often ushered in by a pre-tuberculosis dyspepsia which appears before any signs of disease in the lung can be made out. In other cases the tuberculosis affection occurs in a patient who has long been subject to conditions of the stomach which have, so to speak, prepared the soil for the implantation of the tubercular bacillus. The usual lesion in incipient phthisis is hyperchlorhydria, which usually passes with the progress of the disease through a stage of normal gastric secretion to hypochlorhydria and eventually to chronic gastritis. The prognosis of the lung disease is considerably influenced by the affection of the stomach, which tends, at all stages, to favor growth

of the tubercular bacilli. In treatment, the effects of irritating medicines which are sometimes given, such as arsenic, creosote, etc., should be borne in mind, and these remedies, as well as the tonics so frequently given, should be avoided in the first stage, while at a later stage, those medicines may be especially indicated. At this stage, as well as the latter stages, I invariably employ bovine as a food stimulant and tonic, not only for the improvement of the general nutrition, but also as a sedative to hypersthenic stomach. The bovine, I find, maintains the strength without upsetting the stomach by virtue of the fact that it gives it rest.

I submit this brief article with the idea of calling attention to what I have found to be one of the first symptoms of a tubercular invasion, and although brief, I trust it may present some few points of interest.—T. J. Biggs, M. D., Stamford, Conn.

[Written for the MEDICAL BRIEF.]

Removal of Plaster Paris Dressings.—

Following the suggestion of the late Wm. V. Morgan, of Indianapolis, I have employed extensively Gigli's wire saw for the removal of plaster casts. The simplicity and rapidity of its operation recommend it.

Incorporate a double and twisted No. 20 copper wire under the plaster and over the primary covering of the limb and allow it to extend two inches beyond each open end of the dressing.

When ready to remove, fasten end of saw to looped end of twisted wire and by gentle traction on opposite end of wire the saw will be pulled into position for

operation. You may then proceed as you would in the ordinary use of the saw.—
C. A. Butler, M. D., Hohenwald, Tenn.

[Written for the MEDICAL BRIEF.]

Sore Throat.—In your cases of acute tonsillitis and pharyngitis, try the following prescription and get surprising results:

R Potass. Chlorat 1 drachm.
Acid Muriatic (Fortior)... ½ drachm.
Glycerine 6 drachms.
Tr. Ferri Chlor 1 drachm.
Aq. q. s. ad 3 ounces.

M. Sig.: Teaspoonful undiluted every three hours until improvement is marked.

In compounding the above, place the powdered potass. chlorat. in a dry bottle of proper size and add the muriatic acid. Cork the bottle tightly. A yellow gas is evolved—chlorine. Now add the glycerin and part of the water. Shake well in order that the chlorine may be absorbed and held in suspension by the glycerin and water. Then add the iron and balance of water and you have complete a splendid preparation for affections of the throat. The free chlorine which is evolved in the mixing of the above is a powerful irritant to the mucous membrane of the nose and throat, so care must be taken not to inhale it.—W. S. Cushman, M. D., Baker, La.

[Written for the MEDICAL BRIEF.]

Tumor.—Some six months ago a lady presented herself in my office for treatment of a large tumor on her neck, size, three by four inches, which I at once diagnosed as goitre.

Patient, female, thirty-five years of age, married ten years; no children; previous health good, though at present slightly anemic. Menstruation regular. No history of goitre in ancestors so far as known. First noticed the tumor three years ago, and had been treated by a number of physicians, but received no benefit. In casting about for treatment; knowing the old remedies promise so little, it occurred to me to try antiphlogistine, which I applied to the tumor as warm as could be borne, one-fourth inch thick. I covered this with absorbent cotton, with oiled silk on the outside, and bandaging completed the dressing. This

application was renewed every forty-eight hours for thirty-two days when, to my astonishment, the goitre had entirely disappeared. No other treatment had been given except a teaspoonful of phosphate of soda in a glass of hot water on alternate days. Would like to know through the MEDICAL BRIEF if any of its readers have ever tried this remedy. If not; try it, and you will be astonished, as well as gratified, at the results.—J. W. Harris, M. D., Richmond, Ky.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.—Place the patient in the largest and best suited room, well ventilated and sunny. If tympanitic, empty large bowel with turpentine and water enema. Then clean out with a full dose of calomel followed by a saline. Keep cleaned out by morning doses of one-half to one ounce of castor oil. Acustom the patient to the use of the bed pan at the very beginning. Give daily two to four quarts of water, half of which may be four grains to quart acetozone solution. Keep cold water pack on head and abdomen. Sponge with cool water if temperature rises above 101° F. Give milk every three hours, followed by one drachm of maltopepsin if coarse curds appear in stools. Never give milk until high temperature is reduced by sponging. If milk disagrees, give fresh beef essence or smothered chicken broth. May give plain ice cream daily. When normal temperature is reached, place patient on Phillips' phos. mur. quin. May give them wheat phosphates during the course of the fever. Soft food after ten days normal temperature. If heart fails, use brandy, and if necessary, strychnia, very carefully, beginning with small doses and gradually and almost daily increasing, as may be needed. If heart is very weak, changing position of patient from side to side prevents hypostatic congestion of lungs. Have patient take deep inspirations for one or two minutes three times daily. Judiciously allow company and cheerful reading to patient.

Result.—No intestinal hemorrhage, no delirium, no complications; generally a short run of fever, and an uninterrupted recovery. One hundred cases with but

two deaths. Ninety-three consecutive cases with no death.—Cornellius F. McCarthy, M. D., Batavia, N. Y.

[Written for the MEDICAL BRIEF.]

Hemorrhage.—Was called hurriedly to see Mr. A. Found him suffering great pain and could not void urine; bladder hard and tender. Stated he had been having slight hemorrhage to follow each urination for three years. I found clot had filled bladder, so broke it up and washed it out. Examination with cystoscope revealed ulcer at prostatic urethra. Cauterized ulcer with nitrate of silver, irritated bladder with thirty per cent solution alum iced water, followed with twenty-five per cent solution adrenalin chloride. Used washes twice daily. Gave internally ergot, one drachm; witch hazel, four drachms every four hours. Four months have passed without hemorrhage.—J. W. Mobley, M. D., Allentown, La.

[Written for the MEDICAL BRIEF.]

Adrenalin.—A hypodermic of from five to ten minims of a solution of adrenalin chloride with chlorotone will stimulate a flagging heart. It will control hemorrhage in typhoid. It will check an acute coryza. It will do what a hypodermic of morphine and atropine will do for asthma. It will not cause a habit such as morphine will do. It will make minor surgical operations comparatively bloodless. It will save a life when a patient is nearly exsanguinated from uterine hemorrhage, provided you follow it with a normal saline infusion.—R. D. Sessions, M. D., Natchez, Miss.

[Written for the MEDICAL BRIEF.]

Acute Alcoholism.—In those cases which come to you nervous, shaky and with the history of not eating for several days, give a hypodermic of ergotole, twenty minims, and put him on hourly doses of four drops tr. capsicum and two drops tr. nux vomica, in water. Repeat ergotole every six hours. To those on the verge of delirium tremens, give drachm doses of paraldehyde to produce sleep; while to the more violent cases, add apomorphia to the first hypodermic of ergotole.

In some of the more severe cases, it may be necessary to use the ergot as

often as every two hours. Keep the bowels open and feed raw eggs, milk and oysters.—W. H. Sturgis, M. D., Allerton, Mass.

[Written for the MEDICAL BRIEF.]

Puerperal Eclampsia.—Nothing in my practice is more interesting to me than the mothers of our nation. When do they need our sympathy more than during pregnancy and confinement? For the benefit of the busy practitioner, I give here a few suggestions:

I have in mind four cases of puerperal eclampsia, in which the mother and child were both saved. The first thing given was a large dose of chloral hydrate and deod. tr. opil per rectum. Atropine grain one one-hundredth hypodermic. At intervals between spasms, give verat. viride, six drops. When spasms are controlled, proceed to empty uterine cavity. I find the severity of spasms are increased if I interfere before the patient gets under the influence of the medicine. In most cases, the country doctor, or those of small villages, can not give preventive medicine because they are not called and have no warning until 'tis too late for prevention.—W. J. Walters, M. D., Pikeville, Ky.

[Written for the MEDICAL BRIEF.]

Life and Its Struggles.

BY B. M. JACKSON, M. D., LL. B.,
Omaha, Neb.

"Sincerity is an opening of the heart. We find it in very few people, and that which we generally see is nothing but a subtle dissimulation to attract the confidence of others."—*Rochefoucauld*.

History tells us that Jesus Christ made certain truthful statements to his brethren, and for this they nailed him to a cross. It is within the memory of individuals that, in England and in some of our own States, it used to be a legal maxim, "the greater the truth the greater the libel." If we sum it all up, we find that it used to be a crime to tell the truth, and he who dared to utter one, was punished according to the customs prevailing at the times when particular truths were uttered. In our own day, most people would crucify you for telling the truth about them, if the law against violence were not a restraining factor. Have you

ever dared tell a drunkard he is drunk? If not, I should advise you against it, because you may not be able to reach the bedside of a patient, who may have sent for you to come post haste. Man does not like to hear the truth about himself, because he knows it best, and, should you dare tell it, whether within or without his hearing, watch out. Such is human nature, and the most prudent and judicious among us has a weak spot somewhere. True, we are animals, yet animals differ in intelligence. We might be perfectly willing to associate with a dog, but few of us would care to have as a bed companion a cobra or an elephant.

I can not recall the name of an individual who said, "The more he knew man, the better he liked dogs." I mention this in order to show that even the animal man himself would (perhaps only at times) rather associate with a dog than some human beings. Why is this so? What are the reasons for such attitude of man towards his fellow-men? Is it not incumbent upon us to tell the truth, no matter whom it may hurt? How can the human family make any progress at all, if man should suppress the truth? Of course, it will hurt somebody; but who is the somebody that has a greater natural right than yourself? I grant that all men are not equal in physique or intelligence; but, are not all men equal from a political standpoint? They are; and yet they do not enjoy equal privileges. Why? Simply because "the greatest enemy of man is man himself." No one harms us as much as we harm ourselves.

We are ever indifferent to our own welfare, and much more so to that of posterity; hence, we do, and posterity will, suffer the consequences. Of course the fearful struggle for existence is responsible for the sharp lines of demarkation dividing the human family, socially and intellectually; but, what do we do to remove the causes whence arise the fearful struggles? Absolutely nothing. We are not willing to venture lest we find ourselves in a greater predicament. And yet we say, time and again, "Nothing ventured nothing gained." It is obvious, however, that we do not venture, hence we ourselves are responsible for conditions extant. Not only do we not try to remove

the causes responsible for the ills and unhappiness of the human family, but we add burdens on those least able to endure them. Ah, man! You forget! You forget! Your memory is poorest of all!

"Valnglorious man, when fluttering wind does blow

In his light winges, is lifted up to skye;
The scorn of knighthood and trow chevalrye,
To thinke, without desert of gentle deed,
And noble worth, to be advanced hye,
Such praise is shame, but honor, virtue's meed,
Doth bear the fayrest flower in honorable seed."

—SPENSER.

I said that we add burdens on those of the human family least able to endure them. Let us see if this statement is not borne out by present conditions in our own profession. All medical colleges are making strenuous endeavors to secure as many students as possible. A medical student generally enters the school recommended to him by some physician. Eight out of ten students are comparatively poor. Every student complies with requirements imposed by the school at which he attends, and makes an effort to graduate in due time. The great struggles of many students for a mere existence while attending school, few of us are in a position to know. That cases of well-nigh starvation do exist some of us do know. However, the happy (?) moment arrives, and they receive the much coveted sheepskins; do we allow them to go out into the cold and gloomy world, where they are bound to encounter fearful competition? No. The moment they are on the threshold of their professional careers we add burdens to those which they have endured, and still carry with them into the fields of human endeavor.

Let us take a retrospect in order to ascertain certain facts. A medical college is a corporation chartered by a State for the purpose of teaching the science and art of medicine and surgery, and to confer degrees on those who have complied with the requirements of law. The legal requirements concern preliminary education and time of attendance. Before a medical college may confer the degree, it must ascertain that the particular individual had a preliminary education, and that he attended a certain number of years.

Again, a student is informed by means of a college prospectus that he must pos-

ness credentials concerning his preliminary education before he will be enrolled as a student, and spend a certain number of years before he will be entitled to the degree from the particular school at which he desires to attend. Thus, when the relation of the corporation (medical school) to the student, and *vice versa*, are fully understood by the one and the other.

Suppose that "John Doe" has complied with all requirements, and the medical school exercises the power conferred upon it, hence grants him the degree of M. D., why may he not go out into the world to learn his fate as a physician? Why does he have to go before a Board of Examiners in order to answer a few questions and pay them a fee? Why do we add these burdens to "John Doe," who can not endure them? What are the reasons for this peculiar attitude towards a fellow-being?

Let us examine the alleged reasons. First, that the particular corporation from which "John Doe" graduated, has violated its charter, in that it has enrolled "Richard Roe" as a student, who possessed no preliminary credentials. Must John Doe suffer for the sins of his *alma mater*?

If the profession is truly anxious that all medical schools should comply with the law, it can do one of two things: (1) place the requirements regarding preliminary education into the hands of third parties; or (2) revoke the charter of the corporation known to violate the law. Either of these two actions would be an effective check, whereas compelling "John Doe" to pay a fee and answer a few questions, are burdens to him, and no punishment whatever to his *alma mater*; nor does it prevent the corporation to violate the law every time it sees fit to do so.

Second, it is alleged that some medical schools confer degrees on students "unfit" to cater to the physical ills of the human family, and that "Jim Jones," for instance, would be kept out if he can not answer the questions asked by a Board of Examiners.

Again, I ask, must "John Doe," in every way fit, suffer for the sins of his *alma mater*? And does the Board of Examiners "keep out" "Jim Jones," if he can not answer the few questions? Not at all. If "Jim Jones" is really unfit, he will take

two, three, four, or more examinations, and, by cramming into his head a certain number of answers, is bound to pass sometime; that done, and because of his intellectual deficiencies, he becomes ever after an enemy to the profession, whereas, if he had been allowed to enter the fields already strewn with countless dead physicians, who have been mowed down by the bludgeon of competition, he would meet his fate by virtue of the law governing "the survival of the fittest."

Another thing, our medical faculties are supposed to represent "the cream" of the profession, and pretty nearly every teacher is a member of some medical society, which, claims to be anxious that the rank and file shall be "fit" in every way.

Now, "Jim Jones," the "unfit," having been turned out as an M. D., by what form of logic are we justified to conclude that he should be held responsible for his existence in our midst? If the Professors under whose guiding care he parted with his money, and spent many years, have not told him that he is "unfit" to be their colleague, or, rather, have not ascertained that he is "unfit," will a "Board of Examiners" ascertain whether he is fit or unfit by means of a few questions? Impossible, even if each member were a King Solomon.

Only while one is a student can it be ascertained whether he is fit or not. Should one be lucky enough to slip through, "the survival of the fittest" is an inexorable law, and this law is the only one which will play havoc with those who are unfit.

Who are the professional leaders to-day? Those who by their own efforts, and not by reason of legal impositions, have become such. And this notwithstanding the fact that most of them did not have to comply with one-half the legal requirements imposed upon would-be physicians in our day.

Take a glance at the list of names representing the best qualified practitioners, in any State, and ascertain how many of them "proved" their "fitness" before a Board of Examiners. Another thing, the majority of members, of any Board of Examiners, could not answer the questions which some new graduate could ask them.

Gentlemen, what has become of your consciences? Can you not see that your

peculiar attitude towards your medical *confreres*, and intolerance towards non-descripts (action), has brought about a reaction that is threatening your very existence? Can you not see that your foundation is being undermined to a degree un contemplated by the most pessimistic amongst us? Do you really not know that the present registration laws are driving you into a veritable chaos? Are you not familiar with the history of Ignatius Loyola and his society of Jesus (Jesuits), which gnawed at the very heart of the catholic hierarchy, and even "popes" have not been far-sighted enough to contemplate the conditions under which that organization finds itself to-day?

Do you not know that this is an age of tolerance, more or less, and that any action on your part, however mild, is bound to bring about a reaction? What has become of your professional honor? You allow a few short-sighted medical brethren to seduce your reason and manliness, in exchange for which you can expect nothing more than contempt and ridicule at the hands of strangers. Is it not time that you wake up, to parade as men becoming this age? Are you willing to be mere puppets in the hands of a few cunning, selfish and designing individuals, whose main object is to exploit you? Have you really lost your reason, your conscience, and everything that constitutes a man? Awake from your lethargy! "Think right, feel right, be right, live and let live, do the square thing, have a conscience, and use it."

Some of the best qualified among us know that there is a tremendous reaction against the medical profession, hence, they, too, have become medical nihilists. You place the responsibility for the existing medical nihilism to everything in creation, but not the true cause. That cause is none other than the unjust medical registration laws. Remove the cause, if you would save your few professional rights. Do not think for a moment that "law" or medico-political "masters" will stem the present reaction. On the contrary, the stricter the law against non-medical practitioners, and the greater the impositions on your medical *confreres*, the stronger will be the reaction. The medical registration laws are bound to

meet the fate they justly deserve. Do not wait until the non-medical practitioners, by the aid of thousands of your own brethren, will commence to chop them down, for this will be to your lasting shame. Do it yourselves, and this would bring you credit as befits men. Remember that no law, however unjust towards *confreres* and strict against non-believers, will relieve you of the struggle for existence.

You must forever trust to the inexorable law governing the survival of the fittest. Above all, you profess to be Americans; believe, men, in the fundamental principle of this glorious country, "Equal rights to all and special privileges to none."

The present registration laws are not based on this moral and natural principle. They work only one way, viz.: Special privileges to Board of Examiners and those they may favor, and equal rights to none. As long as the laws remain on the statute books they will keep the medical profession divided, and "a kingdom divided against itself can not stand." Let any of you tell the most ignorant legislator that a physician in one State is not such in any other, and he will laugh at you. Mind you, the legislator, who may have voted for the medical law will wonder whether he was really stupid and acceded to your foolish demands. Do not be afraid that by repealing the medical registration laws "Your State" (whose?) will be overrun. The natural laws of averages and compensation, will take better care of your welfare than any law man can conceive and incorporate in the statutes. Be men. Be gentlemen, above all. The laws do you a world of harm, and if those of you familiar with history should reason, you can not help conclude that they are playing havoc with the practice of medicine and the welfare of the rank and file. The laws compel your own members to become medical nihilists.

Let me say, in conclusion, gentlemen, that, the sooner you will repeal them the better for you. Remember always, "justice consists in doing no injury to men; decency in giving them no offence."

"By heaven, I cannot flatter; I defy
The tongues of soothers; but a braver place
In my heart's love hath no man than yourself;
Nay task me to my word; approve me."

—SHAKESPEARE.

[Written for the MEDICAL BRIEF.]

The Technic of Diagnosis in Gonorrhea of Women.

BY FREDERICK A. LYONS, A M., M. D.,

Pathologist New York Throat and Nose Hospital; Surgeon to the New York Fire Department; Formerly Lecturer on Chemistry and Adjunct Professor of Materia Medica and Therapeutics in the American Veterinary College; Late Surgeon to the Outdoor Department of Bellevue Hospital, and Attending Surgeon to the French Hospital; Fellow of the Academy of Medicine; Member of the County Society, Medico-Surgical Society, Etc., Etc. New York City.

In medical diagnosis or surgical operations we must be guided by broad principles, yet to be successful in either, it is often most essential not to lose sight of seemingly minute details. I know of no case in which this trite observation is so manifest, and yet so neglected, as in making a diagnosis of gonorrhea in the female. It is a very easy and frequent thing to miss the diagnosis under ordinary circumstances, but when attention is specially directed to the matter it should seem almost inexcusable at the present time to fall into error. To make my meaning plain, the following case, one among many like it, that has come under my observation, will serve as a fair illustration.

Mr. J. B., who had been a patient for some years, and whose urethra I was absolutely certain had for a couple of years been entirely free from any morbid condition, came to consult me for a urethral discharge of about half a day's duration, and which the microscope proved to be an acute gonorrheal urethritis. He asseverated that he had had sexual congress with but one woman; that he had known her for quite some time; that she moved in the wealthier circles of society; was married, but separated from her husband and living on alimony. He was surprised at his condition, but was forced to conclude from the evidence that the origin of it was clear. Having explained to him that the source might be chronic and dated back to legitimate married life, he stated, without ill-feeling, the situation to the woman, and advised her to seek medical counsel. At first she was indignant,

but finally consulted her regular medical attendant who, after what he told her was a thorough examination, assured her that she was entirely free from any contagious disease. She was more indignant than before and accused her friend of infidelity. He returned to me rather discomfited and somewhat shaken in confidence, but on my reassurance that if he were telling the exact truth there could be no doubt on the subject, he revisited her and requested her to come with him to my office. She refused to do this, but submitted a list of five of the most noted gynecological specialists in the city and agreed to consult any one of them he might select. He brought this list to me and asked me to aid him in his choice. Among the names placed before me was that of one who had considerable reputation as a pathologist, and I advised him to take the patient to that expert.

The following morning the two proceeded to this gentleman's office, and the patient being placed on the examination table the doctor after a careful inspection and palpation, said he could find no evidence of disease. The gentleman inquired if the doctor could declare the fact positively without microscopical examination of the secretions, and he replied that he would make the examination complete by such investigation. He then took some cotton, wrapped it on an applicator, passed it into the vagina, and smeared this secretion on a couple of glass slides, telling them to come back to-morrow and get the report of a pathologist to whom he would send the slides for examination. The parties discussed the matter again as they left the doctor's office, and he persuaded her to come to consult me on the subject. She came to my office with a female cousin and was on my examination table within an hour of the time of the previous examination. At first inspection there was nothing visible, all parts looking normal, but on placing the finger under the urethra and gently expressing, two specks of mucoid secretion were seen at the orifices of both Skene's tubules and a larger drop in the meatus urethrae. A sterilized platinum wire was taken and with it the secretion was smeared on a couple of cover glasses. These were immediately stained, prepared, placed under

the microscope and viewed with an immersion lens, and were found swarming with a pure culture of unmistakable gonococci. Afterwards smears were made with the secretions taken by the same means from both Bartholin's glands, from the cervix uteri, and the vagina, but the examination of all these latter was entirely negative. I stated to her then and there the result of my examination. The next day she and the gentleman returned to the office of the physician mentioned above and he showed them the report of the pathologist, who found a number of various bacilli and cocci and other things, but was unable to find any gonococci.

The doctor assured them that he would stake his professional reputation on the fact that she was perfectly healthy as far as the genital organs were concerned, and presented his bill for twenty-five dollars.

As I was about leaving the city at the time on a vacation I referred the patient to a trusted colleague, who made the same findings as I myself had done, and who treated her daily until she was entirely cured, which was at the end of a little less than a month. I subsequently examined a number of the slides he had prepared, and traced the decline and disappearance of the malady. A re-examination made by myself at this time confirmed his observations.

I need not comment on the above case. I record it simply because I think it serves to show more strikingly than I could point out in any other way, that to make the diagnosis properly a few indispensable rules of technic must be observed.

Knowledge is one thing, the proper application of it is another. I once called upon a friend whose knowledge of bacteriology is second to that of none in this country. I value his opinion on a bacteriological question more than I would that of anyone else I know. He was examining some slides under the microscope, but remarked that he could not find what he was looking for. To satisfy my curiosity he told me that upon that morning a woman had been sent to him by a medical friend with the request that he make a bacteriological investigation for gonorrhea, as there was strong ground to suspect that the disease existed, but he was unacquainted with the microscopical

technic requisite for such examination. This pathologist had taken the vaginal secretion on a swab of cotton and made his smears, and was relating to me his surprise at the negative findings, for he had great confidence in his friend as a clinician.

A very little reflection suffices to convince that such a method of collecting the secretion would, in the large majority of cases, yield an uncertain or negative result. The secretion of the vagina contains a large assortment of bacteria and it is exceedingly rare for the vaginal mucous membrane itself to be attacked by the gonococcus. We know that the disease attacks by predilection surfaces lined by columnar epithelium. Common sense and a little experience dictate that the secretion should be taken direct, and as uncontaminated as possible, from the parts most likely to be affected.

What then is the only reliable method to be pursued? It is exceedingly simple. Have a half dozen platinum wires inserted in glass rod handles the same as ordinarily used in the bacteriological laboratory, and bend a small loop on the end of each. I myself use a double wire, for on the end of this a little loop may be formed and there is no danger of the end being bent to one side or the other and catching in, or scratching the delicate mucous membrane. These wires are heated red hot in the flame of a Bunsen or alcohol lamp on the microscope table, and laid alongside of the cleansed cover glasses on the right hand of the examiner with his other instruments. The parts are carefully wiped off with a piece of sterilized absorbent cotton so as first to get rid of the excess of contaminated secretion, and the little wire loop is then inserted at the point selected, and catches up a little secretion, which is immediately transferred to the cover glass. A fresh wire is to be used for each smear and from one place after the other the mucus or pus is taken. The orifice of each Bartholin gland is sought, the opening of one or both Skene's tubules, the interior of the urethra itself, and any glands in the vestibule that may look suspicious. After the external genitals have been searched the parts are disinfected and the speculum is inserted. The cervix is cleansed of

superabundant mucus and the wire inserted and withdrawn with its drop of adherent secretion, and smeared in the same manner. After this the vagina may be scraped with the wire on any part of its surface, if thought necessary. I usually have a piece of clean paper on different spots of which the names of the different parts are initialed or written, and each cover glass as it is smeared is deposited under its appropriate name. The paper is carried over to the microscope table, the cover glasses stained and mounted, and may be examined immediately or left to be looked over at leisure. After a little practice the whole process can be completed in five minutes. This is the only way, in my judgment, that an opinion worth giving can be formed, and it has astonished me many times that a method so simple in every respect is so constantly neglected.

In view of the fact that an overlooked gonorrhea in a woman is a most enormous evil to her, it would seem incredible that it should so frequently fail of recognition.

50 East Sixty-Third Street.

[Written for the MEDICAL BRIEF.]

Apocynum Cannabinum.

BY FINLEY ELLINGWOOD, M. D.,

Editor and Proprietor *The Chicago Medical Times*.
Chicago.

If the profession ever succeeds in determining that there are specifics in medicine, it will be found that it is through the direct influence of single agents, upon exact conditions of disease. The study that has been made by the physicians of the Eclectic School in the past seventy-five years has determined that there are such specifics, and it remains for the profession at large to freely apply the knowledge that has been thus obtained, to convince the individual members of the profession of the immense amount of truth there is in the observations so made. These observations have been made principally upon the action of indigenous vegetable remedies. The superiority of organic remedies over inorganic remedies is so plainly apparent to those who persist in using the organic remedies that they

avoid the inorganic remedies as far as possible.

One of our best specific remedies is apocynum cannabinum. This is the American Indian hemp, and it is specifically a remedy for dropsy due to acute inflammatory causes with the heart primarily at fault or where there is dropsy of serous membranes, or where there is deficient excretion from any of the excretory organs, during dropsy, or when with dropsy there is great thirst, but the ingestion of water causes pain in the stomach, with vomiting. These facts are especially accentuated when there is cardiac dropsy diagnosed, with feeble and irregular pulse, especially if the heart seems to be irritated by the presence of food in the stomach. The agent may be given in the form of a tincture, a fluid extract, the specific medicine or the distilled extract. The latter is preferable and may be given in larger doses, as the taste is not objectionable, and it does not irritate the stomach.

There are but few cases in which the remedy is justifiable in doses sufficiently large to irritate the bowels and cause hydragogue action. Other specific indications are local edema, puffiness of the eyelids, edema of the feet and legs pitting on pressure, edema occurring suddenly from unexplained causes especially when there is general atonicity, with feebleness of the heart. That this agent is a heart remedy of intrinsic value, is just now becoming generally known. These facts I have stated in my writings for nearly twenty years and my observations have been confirmed by those of a large number of practitioners. It is now classed as a heart remedy. It acts in harmony with cactus, which is the superior remedy in its influence upon the nervous control of the heart, and in improving the muscular power of that organ. It strengthens the force and volume of the heart, increases arterial tonicity, improves the functional operations and assists in overcoming dilatation. In cases where the heart is feeble, with tumultuous action, and great irregularity, it will be found serviceable, but where the dropsy depends solely upon heart trouble it should be given in conjunction with such remedies carefully selected as cactus, avena sativa, strychn-

nine, *hydrastis canadensis*, phosphorus and iron.

Some cases of acute hydrocephalus have been benefited by apocynum, especially if the sight of one or both eyes be affected, or if there are irregular muscular movements of one or both of the legs or arms, with suppression of urine. If there are dropsical symptoms present with uterine hemorrhage, accompanied with dysmenorrhea, it is of value. It is indicated in amenorrhea with dropsy, and in those cases of chronic uterine disorder, where with swollen ankles and occasional puffiness of the hands the patient complains of pain in the sciatic nerve, which is diagnosed as sciatica.

This agent will repay any observing physician for the earnest, careful study he may put into its action in the specific lines we have here very briefly suggested.

100 State Street.

[Written for the MEDICAL BRIEF.]

The Outlook for the Beginning Practitioner.

BY ABRAHAM GOLTMAN, M. D., C. M.,
McGill College, Montreal; L. R. C. P. and
L. R. C. S., Edinburgh; L. F. P., Glasgow.
New York City.

Ask the young man just completing his school days what he intends to do to make his living. What is the answer in the majority of cases? "I am going to study medicine." A great majority of them are compelled to take up that branch because their parents desire them to do so, whether they are fitted for it or not. Again, young men will not follow in the footsteps of their successful fathers in mercantile business. They want to be doctors, and another idea they have is the unfortunate one, doctors make so much money, and "so easy."

How can a young man driven into the practice of medicine against his desire be a successful man? How can a person, no matter how great his gray matter may be developed, make money quickly, and what right has a poor beginning practitioner to practice medicine in a large city without an income of some sort, or other help? The colleges are turning out graduates like "greased lightning." What becomes

of them, for instance, in a large city like New York. They locate any old place, but only temporarily, move and move, and finally give it up, or live a dignified starvation for perhaps five or six years.

Hospitals, dispensaries, associations, and what not, surround the young graduates, and in these days where the specialists "gobble" everything, where do they stand a chance? If a sign was put out anywhere in a large city, wanted one thousand physicians at a salary of fifty dollars a month, for some medical work, I dare say a policeman would be required to keep them in line.

It is a well-known fact that the average local doctor's income is about one thousand dollars a year, but apparently the way he lives seems like five thousand dollars. How many physicians are driving rigs on a practice of three thousand dollars a year, whose practices have dwindled down from six to eight thousand dollars per year, and have to keep up appearances as formerly?

In a large city, people move constantly, and it is difficult to retain patients. The doctor, after having spent his best years as an M. D. is sorry he did not become a business man, and *vice versa*.

When I was studying in London and Edinburgh, conditions were worse, and since I have been practicing ten years, conditions are so that the coming physician will be glad if he can barely make his living the first five years.

In glancing over the medical journals, so much has been written on this subject I have taken the liberty of "putting in my oar," as it were.

How will we remedy the outflow of so many graduates?

First, a course of five years.

Secondly, raise the tuition fees so that people in moderate circumstances will hesitate before adopting such a noble profession. Perhaps this may find a means of checking the large number of young men who intend becoming "doctors."

263 West One Hundred and Twelfth Street.

Enclosed find one dollar, my annual renewal for the MEDICAL BRIEF. I like many features of the BRIEF. I always find something to help.—D. D. JAY, M. D., Pulaski, Iowa.

[Written for the MEDICAL BRIEF.]

A Brief History of Modern Surgery.BY E. J. KEMPF, M. D.,
Jasper, Ind.

(Continued from page 72.)

Listerism.—In 1881, John Erichsen, an English surgeon, said the following in address to the "International Congress, Section of Surgery," on the subject of treatment of wounds:

"From the earliest dawn of human intelligence the attempt to cure a wound must have suggested itself to man; and yet at the close of the nineteenth century we are still discussing the best methods of doing this and the causes of their failure. There is still difference of opinion and of practice among surgeons, not only as to the comparative advantages of the "open air" method, and that in which all atmospheric contact is guarded against; of the "dry" and of the "moist" system of dressing; as to whether the "antiseptic" method in a modified form suffices, or whether the more elaborate system of local treatment before, during, and after an operation, which has been devised by the skill and worked out by the unwearyed labor of Lister, be essential in all cases of operation wound. Not, of course, for its primary union—for this may be obtained by any and every of the methods mentioned. If it be contended that this system is necessary for the safety of the patient, and the due healing of the wound, has it been proved to be equally essential in traumatic lesions of all tissues, of all organs, and of all regions?"

In the same year *The Lancet* says: "We consider Mr. Lister's work as far too great to be narrowed down to be a mere matter of spray and gauze. It is not a mode of dressing wounds that he has introduced, but a surgical revolution that he has accomplished. It is to him above all others that we owe it that septic diseases are now generally held to be avoidable and their occurrence a serious reproach. His work, in fact, has been far greater than the perfecting the form of dressing which bears his name, and he can fairly count among his disciples many whose outward ritual differs *in toto* from his own."

In 1884, Professor Esmarch read a paper on the antiseptic method during the International Medical Congress, in which he laid down certain postulates for the avoidance of suppuration, which are summarized thus: 1, Exact hemostasis; 2, avoidance of cavities in the interior of wounds; 3, drainage; 4, ligature of large and small blood vessels; 5, support of all deep parts by sutures, pressure, etc.; 6, the use of a salt solution during the operation, and the use of a corrosive solution after operating; 7, sterilization of all dressings and bandages; 8, and the use of glass splints.

The Listerian principle, says Professor Gerster, has revolutionized surgery within the last fifteen years—he was speaking then in 1888. "Prevention has become the watchword of modern practice, and it can be said that, by the successful employment of the preventive methods of the present day, surgery has become a conservative branch of the healing art. It is the immortal achievement of Lister to have first attributed to fermentative influences the disturbances of repair, and to have led wound-treatment into a rational, hence successful, direction."

"Modern wound-treatment is based entirely on the old and well-known principles of the preservation of organic substances. Of the several modes of the preservation of organic substances, freezing is the only one that is inapplicable to human surgery. Exsiccation, however, and burning with the actual cautery (roasting); then chemical sterilization by germicides, and the combination of chemical sterilization with exsiccation, contain the essence of aseptic surgery. They insure wounds against decomposition, and are a secure preventive of suppuration."

"The adoption of the Listerian principle has wrought so many incisive changes in practice, has shifted the surgeon's standpoint regarding all the important disciplines of the art in such a radical manner, that most English textbooks of surgery, even those recently published, have become partly or entirely inadequate to the wants of the modern physician and surgeon."

Of the works on modern surgery, in which the principles of Lister are

graphically described, the best is Gerster's "Aseptic and Antiseptic Surgery."

Gynecology.—The physicians under the Ptolemies, the Egyptians, were required to regulate their practice according to certain books, one of which was devoted to diseases peculiar to women. These books were held as sacred, and their authority was thus unquestioned. The destruction of the Alexandrian Library with its 600,000 volumes blotted out the story of what Egypt was, and has left us only to conjecture the contents of this ancient library.

Moses, who was versed in all the learnings of the Egyptians, shows remarkable familiarity with the sexual peculiarities of women, but he treats of them in their physiology, and interests himself in the hygiene of their genitalia rather than in their diseases.

The writings of Hippocrates, written about 450 B. C., are the oldest extant containing anything like a systematic consideration of the diseases of women. His works were authority in the diseases of women and in obstetrics for many centuries, and in the language of Adams, the learned commentator on the works of Hippocrates, "these works furnish the most indubitable proofs that the obstetric art had been cultivated with extraordinary ability at an early period."

Among the Romans there is evidence that the diseases of women received special attention. Their knowledge was, however, derived from the Egyptians and the Greeks, and they added but little to the science. From the writings of Celsus and Galen we learn that during the first century of the Christian era the speculum, rediscovered by Recamier, in 1816, was not unknown; that the vaginal touch was used as a means of diagnosis; and that ulceration of the womb and leucorrhœa in its several varieties had been recognized. Two such speculum were found among other surgical instruments in the ruins of Pompeii and Herculaneum. Following this faint glimmer of light from Rome, we have a period of almost absolute darkness for over five hundred years.

Aetius.—At the end of the fifth century, Aetius, a Greek, made compilations, chiefly from the Alexandrian library or collec-

tion of medical literature, which compilations happily are still extant, and may be considered relics from the greater Alexandrian library. From the compilations made by Aetius, we note that the uterus and the ovaries, their structure and their functions, are described with a degree of exactness, that goes to prove that the ancients knew physiology of woman, and that they possessed many useful instruments for the ocular examination of the uterus, and sounds for measuring its size. Prevention of conception and the induction of abortion were described, showing that these nefarious practices are not of modern origin, though they may be of modern practice. The displacement of the uterus and their treatment, stenosis, atresia of the vagina, etc., all are described in the compilations made by Aetius.

Paulus of Aegineta came a century later, but his writings on diseases of women are mainly compilations; it is supposed that he used a rude sort of obstetric forceps, and also knew of the vaginal speculum, which he used to make ocular examinations of the uterus.

From the time of Paulus Aegineta, on for many centuries, the science of gynecology was a lost art, almost, it might be said, until the year 1816, when Recamier rediscovered the vaginal speculum, and thus laid the foundation of modern scientific gynecology.

Operative gynecology, according to ancient methods, probably never had a greater representative than Velpeau. Alfred Armand Louis Marie Velpeau was born at Breche, France, in 1795. After some medical studies in his native place and in the hospital at Tours, he came to Paris, where, before 1830, he had triumphed six times at the *concour* out of ten essays, and gave private courses in anatomy, surgery, and obstetrics. Velpeau became one of the greatest operative surgeons the world has ever seen. Justly admired by the civilized world, with which his fame as a surgeon and physician was coextensive, when Velpeau died, one of the great medical lights of the age in which he lived was extinguished, and he was lamented by thousands in every land, who were guided by his precept or example. For a great number of years.

Velpeau was the chief center of attraction for the medical world in all the departments of medicine, but chiefly in operative surgery.

McDowell.—Ephraim McDowell, who was born in Virginia in 1771, settled in Kentucky, in 1795, at Danville, and fourteen years later performed the first ovariectomy on a Mrs. Crawford, who lived for thirty-two years afterwards. McDowell performed the operation three times in seven years, and then made a report of the cases in the October issue of the *Eclectic Repertory and Analytical Review*, of the year 1816. Before his death he had performed the operation thirteen times, with eight successes.

"We can scarcely comprehend the greatness of this man's mind, and the truly wonderful genius of McDowell, until we stop to consider who he was, what he did, and when and where he did it. A village doctor in the backwoods frontier, surrounded by Indians and the buffalo, almost beyond the bounds of civilization, with no books to refer to, with no precedents to guide, with no one to consult but his own unaided judgment, with no one to share the responsibility if unsuccessful, unaided and alone assumes the responsibility of removing a disease which up to that time had been considered absolutely incurable. Think, for a moment, what would have been the result of failure—a coroner's jury and a verdict of willful murder—which at that time would have been pronounced correct by the entire medical profession throughout the civilized globe. All this he dared and did assume, because his clear intellect had reasoned out his plan of procedure, and his careful dissection had pointed out to him the path to victory. And now every intelligent surgeon in the world is performing the operation as occasion requires, until at the present time (1879), as Dr. Thomas has stated, forty thousand years have been already added to the sum of human life by this one discovery of Dr. Ephraim McDowell."—Dr. Lewis Sayre's speech on McDowell at the dedication of a monument to McDowell's honor at Danville, Ky., on May 14, 1879.

Ovariectomy.—Mr. Lizars was the first to perform the operation of ovariectomy in Great Britain, in 1825, following the ex-

ample and directions of McDowell's article in the *Review*. Since then the operation of ovariectomy, laparotomy, etc., have been constantly performed, especially since the discovery of anesthetics and of antiseptic surgery.

Fibrous Tumors of the Uterus.—In 1853, Dr. W. L. Atlee read before the American Medical Association a paper on fibrous tumors of the uterus, which at once became a portion of the classic gynecological literature. The paper was wholly based on the author's own experience, and gave important information touching the classification and means of diagnosing these tumors, besides indicating a method of their treatment by enucleation, and gave directions for the internal use of ergot in cases inaccessible to the knife.

In 1856, Dr. I. E. Taylor advocated an operation for recto-vaginal fistula. Extra-uterine pregnancy was treated by operations during the early part of the nineteenth century.

The Father of American Gynecology.—James Marion Sims, born in South Carolina, 1813; graduated at the South Carolina College in 1832; studied medicine at Charleston and Philadelphia; commenced to practice at Montgomery, Alabama, in 1836. About 1845, he established a private hospital in the latter city for the cure of vesico-vaginal fistula, in the treatment of which he used silver-wire sutures, publishing an account of the operation in the *American Journal of the Medical Sciences*, in 1852.

During the year 1852, J. Marion Sims, since styled the "Father of American Gynecology," discovered Sim's speculum, which "has been to diseases of the womb what the printing press is to civilization, what the compass is to the mariner, what steam is to navigation, what the telescope is to astronomy; and grander than the telescope because it was the work of one man."

Sims was the first to operate on vesico-vaginal fistula; and through his labors the first hospital for the treatment of women was established in the City of New York. In 1861, Sims went to Europe, where he performed several surgical operations by invitation. Sims is the author of a standard work on female sur-

gery, besides contributing many essays to the literature of gynecology, which now became a specialty, and more an American specialty.

In 1882, Dr. Baker, of Boston, removed the cervix of the uterus for cancer by the cone-shaped incision.

Later improvements in gynecology are the operations on the uterus, such as excision of the uterus per vagina and hysterectomy through the abdominal incision; the treatment of diseases of the uterus by means of electricity; the improved operation for ovariectomy, and the removal of the diseased appendages of the uterus, under the technique of modern asepsis.

Pessaries have been improved, and remedies for the special treatment of the diseases of the uterus, such as ergot, prunifolium viburnum, etc., have been introduced. Some of the diseases of the uterus and the ovaries are treated at the present day, and also cured by means of electricity. Apostil, of France, is probably the leader in this practice. Among the American physicians, Massey, of Philadelphia, is the authority in treating female diseases by means of electricity. A gynecological practice of rather recent date is curettage of the uterus for disease of the lining membranes of the uterus. Operation for the reposition of a dislocated uterus is also a modern operation, which has been successfully performed.

(To be continued.)

[Written for the MEDICAL BRIEF.]

The Origin of Germs.

BY JOSEPH D. HARRIGAN, M. D.,
New York City.

In the MEDICAL BRIEF for December, under the title of "Disinfection and Disinfectants," appeared an interesting article by Dr. Joseph Priestley, of Lambeth Borough, London, England. The Doctor though, to the writer's way of thinking, does not go quite far enough when he says that "any substance (liquid or gaseous), to be entitled to the name of true disinfectant, must have the power to kill not only bacteria, but also their spores,

and any deleterious products formed by them."

It would seem perfectly reasonable to add to this, "as likewise to neutralize the activity of the media in which the bacteria flourish."

This appears to be a matter connected with the study of bacteria in their relation to disease that has been apparently neglected.

While conceding the value of bacteriology and the great advances made in that branch of science, it is well to not lose sight of the chemistry of the *sine qua non* of bacterial existence.

Some things also are taken for granted concerning bacteria that are by no means indisputably proven facts.

Thus, for instance, the statement made by the Doctor that "All infectious diseases are due to the entrance into the body of germs," etc., while being the generally accepted theory upon the subject, is far from being unanimously conceded.

Had the Doctor made the statement that "All infectious diseases are characterized by the presence in the body of germs," etc., no flaw could have been found.

Had he stated that these germs were capable of transmitting diseases to others, it could only be accepted without doubt, if the medium in which they existed were included in the transmission; in which case the possibility of the medium causing the diseases would require to be considered. The phrase "entrance into the body," naturally excites the query, "Whence?"

They must come from somewhere if they enter the body. If they come from a second person, that person must have derived them from a third, and so on to infinity.

But do they come from infinity?

They certainly must have a beginning somewhere, just as there was a beginning for mankind.

And if there is a beginning for them, as sane persons must admit, would it not be a part of wisdom to ascertain if possible whether they could not begin where they are found, instead of coming from some unknown region without, and then entering the body?

Is it not just as easy to consider them as brought into existence *de novo* within the body as it is to consider that sugar is formed there, or uric acid, or the phosphates, or anything else?

Are not spermatozoa formed in the testicles *de novo*? And is there anything more difficult in the formation of bacteria *de novo* as to preclude their development in the body spontaneously than is to be found in the formation of any of the physiological or pathological products of the body that might be mentioned?

Admit their possibility of origin *de novo* in one person, and the possibility of origin in many, as in an epidemic, in similar manner must immediately be apparent.

We hear nothing of the medium introduced into the body, but is it not just as important to consider as the bacterium? Introduce the medium into the body minus the bacterium, would not bacterial development be likely to immediately ensue?

Are we not justified in considering this development perfectly feasible?

Take electro-chemical action as one of the factors in the matter. Can we not see its possibilities in connection with this subject, knowing as we do some of its wonderful achievements in all branches of science?

"Electro-chemical action, continued for weeks, months and years, as was done by that very laborious experimenter, Mr. Crosse, of Broomfield, may produce as secondary results interesting minerals such as quartz, arragonite, malachite. During these experiments in electro-crystallization, Mr. Crosse discovered that remarkable insect, the acarus, which appeared in electrized solutions of sulphate of iron, sulphate of zinc, and sulphate of copper.

"It was supposed that the acari arose from ova floating in the atmosphere, and that they might possibly be hatched by electric action. Mr. Weeks, of Sandwich, in Kent, subsequently repeated the experiments of Crosse by passing electrical currents through silicate of potash in glass receivers over mercury. All pos-

sible care was taken to keep out foreign matter. After a constant action of a year, insects appeared, entirely similar to those obtained by Mr. Crosse."

Now, if this signifies anything, it is that there is such a thing as spontaneous generation, notwithstanding that there are some objectors to such a theory, and it is not too much to assert that with the infinitely great variety of electro-chemical processes transpiring throughout all nature, both within and without the human body, one of the by-products of those processes would be bacteria. It is certainly self-evident that the creation is by no means completed.

It is going on all around us now just as it has been going on through ages of time.

The possibilities in the way of future development of new varieties of the lowest orders of plant and animal life *de novo* can only be conjectured.

Taking into account the almost infinite variety of chemical combinations possible in the organo-chemical field we can only say that they are practically limitless in number.

We do not require to go outside of the body in order to discover one of the birthplaces of bacteria.

There is a sufficiency of organo-chemical material there present as well as an abundance of chemical and electro-chemical action progressing as to make possible their production. Now it would seem necessary, if we would discover the prime cause of disease, or rather one of the prime causes of disease in certain cases, to seek for it in the chemical media whether solid, liquid or gaseous, without which the bacteria would have no excuse for their existence. Of course, it goes without saying almost that the causes—purely chemical—existing without the body must have their affinities or antagonists within the body—purely chemical affinities or antagonists—and that as a result of their friendly or unfriendly meeting, disturbances, more or less profound, of molecular harmony, must eventuate.

These disturbances of harmony we know as "disease." To the mind of the writer these processes can be likened to nothing so much as the experimental

*Beard and Rockwell, "Medical and Surgical Electricity," pages 47-48.

processes in electro-chemical crystallization mentioned above, with the difference, however, that whereas, in the one case, it took months for the development of the acarus, owing no doubt to the fact that inorganic chemicals were employed, in the other case the result would be brought about with extreme rapidity, owing to living tissues—organo-chemicals—being involved. Boiled dilute liquor ammoniæ was injected by H. Charlton Bastian into the tissues of the guinea pig with the result that, in a few hours, a remarkable development of bacilli occurred. If this means anything it means that these bacilli sprang into existence *de novo* within the body. They did not come from without and enter the body. They were not imported. They were domestic—purely and simply domestic. And what has been clearly shown as a fact by this experiment, viz.: that bacteria originated by the absorption of a liquid by the tissues, and subsequent subtle process of development, immediately set up, consequent upon the injection of fluid is possible of reduplication by absorption of chemicals in the atmosphere by the lungs, or by the liquids or solids in the stomach.

Thus is it possible for a most infinitesimal amount of an extraordinarily active chemical, as for example, one of the radio-active substances diffused in the atmosphere, and absorbed thence by the system, to set up such chemical and electro-chemical processes, as to interfere with the normal physiological, chemical processes of the body—bacteria resulting as one of their by-products.

668 Lexington Avenue.

[Written for the MEDICAL BRIEF.]
Echifolta Cream.

BY T. J. DANIEL, M. D.,
Magazine, Ark.

The BRIEF came to my office among other journals, and I must say it has improved wonderfully of late, and I like for it to be on my shelf, and always feel like there is something lacking when it is not there. It seems to me that physicians should make known to each other what they have learned, that suffering humanity might be benefited by the com-

bined skill of the profession. Physicians should study medicine for themselves, and the physician who practices medicine for several years and knows nothing only what he has learned from books, has certainly missed his calling. I study the action of remedies for myself. Dr. So-and-So may say that a drug does so and so. Well, when I give the drug, I note the effect myself, and learn from actual experience the action of the remedy.

When echinacea was first introduced to the profession, I began to study the action of the drug for myself, and now after several years' experience I believe I know the action of that remedy, and its place in therapeutics. It is what might be called a general antiseptic, and is indicated in all cases where you want such a remedy. It is just as good locally as it is given internally. In typhoid fever it should be combined with baptisia. My prescription usually reads:

R Spec. Tr. Baptisia..... $\frac{1}{2}$ drachm.
Spec. Tr. Echifolta..... 2 drachms.
Aq. q. s. ad..... 4 ounces.

M. Sig.: Teaspoonful every one or two hours.

Echifolta is simply echinacea with the dirt taken out.

There is one thing I want to impress upon the mind of the reader, and that is that echinacea is a specific for carbuncle. Some time since Dr. Harkness, of Belleville, Ark., had a carbuncle, on the back of his neck, and he had reached a point that they thought he could not live. They had been treating him the ordinary way the best they could, but he grew worse. Finally Dr. Heck, of Danville, Ark., was called, and he prescribed echinacea alone. Gave it internally and applied it locally. He began to improve at once, and made a rapid recovery.

Last summer I was called to see an old lady who had a carbuncle on her back, almost as large as a saucer. She was very weak. There were several sinuses almost an inch deep. I gave her echinacea internally, and kept absorbent cotton wet with echinacea bound to the place. It stopped it right there; the sinuses filled, and it slicked over as slick as an onion.

I have tried it in many cases of snake bites without a single failure.

After having tested it many times locally as well as internally, I decided to

have an ointment made of it. So I had Prof. Lloyd to make me a lot of ointment which I called, or named, echifolta cream. The first case I had an opportunity to try it on was an old lady who came to my office with the worst sore shin I had ever seen. I took a nice clean cloth, spread echifolta cream on it thoroughly, applied it to the place and bandaged the limb nicely, and told the old lady to report in three or four days. She did, and I was surprised at the improvement. This limb had been treated for months by another physician without any benefit.

The next case was a young man who had hurt his leg some way at school. It inflamed wonderfully, turned dark, and began to slough. He called on my neighbor physician, who put calomel and bismuth on it, but no improvement. The doctor brought him to me. I applied the echifolta cream, and it began to improve at once. I have tested it in many cases, and can truthfully say that in all sores, carbuncles, boils, etc., it will do all a local treatment can do. Especially when sloughing and tissue disintegration occur.

In bed sores, fever sores, chronic ulcers, old tibial ulcers, in chronic glandular induration, scrofulous and syphilitic nodules, echifolta cream has no superior. Of course, in all these cases the echifolta should be given internally.

For caked breast, add spec. tr. phyto-lacca to the cream, mix thoroughly, spread on cloth, cut a hole for nipple to pass through, and apply constantly, and you will prevent an abscess. There is nothing better.

For hemorrhoids add spec. tr. hamamelis to the cream, mix well, and apply.

For some cases of erysipelas it is a specific. Spread the echifolta cream on a cloth and apply.

For chapped hands, cracked nipples, sore noses—in short, for all sores—it is an excellent remedy.

For chronic sore eyelids, anoint the lids at night.

I would not do without the echifolta cream. Order some, try it, and be convinced.

I fully believe that echifolta cream will prove to be a wonderful blessing for suffering humanity; that many ulcers and sores can be cured by it, that no other

known remedy will cure. I am slow to recommend a remedy until I have thoroughly tested it. But I have tested echifolta cream, and know it to be a remedy of great worth. I could fill pages of reports of cases I have treated with it, with the happiest results, but space forbids. Do not forget that, as a rule, echifolta should be given internally while you use the echifolta cream externally.

The dry variety of eczema can be cured with echifolta cream.

It is useless for me to enumerate what all can be cured with this remedy. I use it for all sores, abscesses, etc. Try it, and report your experience.

[Written for the MEDICAL BRIEF.]

Burns.

BY DRs. PENNEBAKER AND TRIPP,
Pleasant Hill, Ky.

Practically there is no difference between a burn and a scald. A burn is an injury resulting from the application of a highly heated substance, viz.: flame or radiant heat; a scald from a liquid heated nearly to or at the boiling point—we might say further, as from steam.

Burns from flames, such as gas, are indicated by extensive scorching of the skin; the hairs are scorched, differing from scalds from water or steam, or by boiling oil or a hot body. Burns from a heated solid will show the parts to be more or less destroyed or even charred. From gunpowder a burn will manifest not only scorching, but embedded particles of unburnt carbon will be found in the skin. Petroleum burns are similar to those from flame, but the parts are blackened as well as scorched.

Sunlight and the reflected rays from snow and other substances on the human body are well understood. The heat, warmth itself is not the cause of the sunburn, *Erythema solare*, but it is due to the violet or ultra-violet rays of light reflected from snow or some other substance. This action of light is noticed by mountain climbers who suffer from "sunburn," the action of sunlight in high altitudes, where the cold is so great as to negative the supposition that the heat

rays could have produced the effect. Persons traveling among the polar ice floes, and those subjected to the electric arc light, where the light is intense and the heat faint, suffer in the same measure. The perfection of the Finsen light has demonstrated the philosophy of this class of burns. When with a rock crystal lens the ultra-violet rays of the light spectrum only were allowed to pass through to the skin severe inflammation was set up. The effects of solar radiation may be arranged in three different groups; heat, light and chemical action. The heat rays are found in the infra-red, red and orange of the spectrum; the yellow and green rays make the strongest impression upon the human retina; while chemical action is chiefly found in the blue, violet and ultra-violet rays. To use this ultra-violet ray in treatment requires the utmost care in cooling the lenses and tube, so intense is heat action. It is known that the wood of the Swiss *chalet* is burned perfectly black from sun rays reflected from snow. In India sunstroke is prevented by the wearing of an orange lining in the hat and clothes.

In the opinion of the speaker, this explanation of the etiology of *Erythema solare*, does not wholly disprove the origin of *Erythema caloricum* as formerly accepted. In *dermatitis caloricæ* or *ambustionis*, it would appear possible that the heat rays, *per se*, were the exciting cause of the inflammation, after exposure to the hot rays of the sun; though true these effects are most marked when near a body of water, or some such reflecting medium.

A young man, about twenty-two years of age, was engaged in building a raft in one of the northern lakes. For two days he was working with his arms bare, and up to his shoulders in the water for about five hours each day. His right arm was exposed to the direct reflected sunlight, and was extremely red and painful for its whole length. At the elbow joint a spot about the size of a ten-cent piece, and very round, broke down on the third day, and the skin and muscles beneath were destroyed to such an extent that the bone could be seen.

Blackening of the skin never occurs when burns are caused by scalding water;

gangrene sometimes develops after scalds, which is not necessarily fatal. A scald from boiling water would, when recent, be indicated by vesication, and a sodden condition of the skin. Blisters most likely occur from steam and scalding fluid, flame or burning clothes, rather than by a highly heated body; a red hot solid disorganizes and chars.

In burns from acids and corrosive agents, appearances very easily lead to their recognition. The eschar from a burn by a mineral acid is soft, and sloughs readily; that by heat, hard and tough.

Stains afford information relative to acids. Some oils burn at 500° F., and produce, by contact with the skin, burns as severe as those caused by molten metal.

Vesication or blisters are usually taken as evidence that the burn was made during life. Such blisters will show an intensely injected and red surface beneath. These vesicles do not contain serum, but liquor sanguinis, which contains fibrine, and therefore coagulates in twenty-four hours if not treated. In a low state of vitality, a redness, or erythematous ring surrounding the blister may not be produced on a living body (Wright).

Shock is serious in extensive and severe burns. In cases not immediately fatal reaction is sure to set in.

A line of redness forms around the burned area, especially when produced by red hot solids. The edges of the skin immediately around the burn is commonly dead white; close to this an environing deep red line is formed. In severe cases the skin is made dry and brittle by the heat, and cracks and fissures open the skin on movement, mostly near the joints. Suppuration generally follows vesication, and in severe cases may occur in two or three days, but often not until later. Gangrene takes place when the vitality of the part burned is destroyed. Its time of occurrence is uncertain, but it sometimes very speedily follows the accident.

In children, insensibility and stupor supervene, owing to sympathy with the brain. These symptoms have been followed by coma and death. It is advisable to avoid the use of, or carefully exhibit opium in such cases, as untoward results are not always understood. Early death may occur from cerebral congestion and

effusion before reaction; death may be immediately fatal from prostration and severe pain. There may be syncope, induced by nervous shock or pain; likewise pulmonary congestion, edema and pleural effusion are frequently encountered, where the respiratory passages are exposed to steam, ignited gas, etc. Death may be due to asphyxia from deprivation of air, or from suffocation from the inhalation of carbon monoxide and carbon dioxide produced by combustion.

To describe a burn graphically is best attained by citing special cases:

A young woman engaged in cleaning out a yard, exposed to flames, ignited her clothing, which burned off; one hour after, her death seemed imminent. Every degree of combustion was present, her eyelids scorched and greatly swollen, her head covered with black burns, her ears reduced seemingly to charcoal, and the surface of the limbs were deprived of epidermis, black in places, yellow in others; where it showed traces of organization it came away in detached flakes gorged with blood. The nails were either torn off or lost. The pain was so horrible that she uttered piercing cries. She experienced fainting and convulsions.

Miss ——— was seen one hour after the explosion of a can of coal oil. Clothing entirely consumed, and she was found sitting on the bed burned thoroughly from head to foot, save her hair, which had been preserved by means of a large sun-bonnet. Her person emitted a strong offensive odor of scorched skin. The cuticle on the fingers, toes and some other portions of the person hung like a loose garment. On the palms and backs of the hands, and in other situations, the skin was detached in large pieces, and curled and twisted like the shedding bark of the birch, presenting a white, cooked appearance. The fingers were crooked towards the palms and immovable; the skin on the arms from just below the wrist to just below the shoulders, at which point it was cracked and curled, was baked tight and hard, contracting the forearms. The face was blistered all over, showing the only moisture found on the body. From contraction of the mouth and the skin on the jaws, the tongue could be but slightly protruded. Temperature

trifle subnormal; mental condition unimpaired. Intense and unquenchable thirst, constant and violent pain in the stomach, and an oppressive sense of heat were the sole complaints.

A young man fell into a tank of scalding water. Both hands were blistered, and the entire skin from his waist down was blistered and came off. Did not complain of pain at any time until inflammation set in, when it was severe and delirium came on. He recovered.

An artilleryman was standing near a large gun, which burst in firing, causing also an explosion of a temporary powder magazine. He was roasted crisp from head to foot. All the hair on his body and head was consumed, and his features were burned beyond recognition. His eyes were burned out. He was, of course, as black as powder. His skin cracked in many places, and emitted an unpleasant odor. Although he writhed and tossed himself to and fro in horrible contortions, he was not probably sensible of pain, and died in a few hours.

Burns of the Larynx.—Severe inflammation of the larynx involving the submucous areola tissue, may follow the swallowing of any hot liquids, and of corrosive poisons, the inhalation of flame or highly heated air. The pathological condition is generally acute edema. The inhalation of flame or steam is always serious owing to the mental depression and shock accompanying such cases.

Erysipelas is a complication of burns.

The human body is a poor conductor of electricity. The wire of a circuit transmitting enough electricity to light fifteen lamps is handled with impunity if the circuit is not broken. Electrical burns are peculiar; the tissue is completely destroyed, and surrounding parts are anesthetized, and at first there is no local congestion of the surrounding skin. The reparation progress is slow and tedious.

An electrician brought his back in contact with the positive and negative keys of a switch board of the arc line. He was impaled until released by the tissues being burned away in two pieces, three inches in diameter, and down to the bone. The intervening space of ten inches was roasted, and after lapse of two weeks the eschar was lifted out, it weighed two and

one-half pounds. The current had an intensity of four thousand volts. The sloughing and drain of pus was extensive and profuse.

When a living tissue is exposed for a sufficient length of time to X-rays, having considerable power, peculiar changes are effected in the cells, these changes being expressed first by increased cellular activity, and afterwards by cell death. These changes are not produced at once, as when ordinary heat is applied to a part, but appear only after a considerable time has elapsed. Thus, in X-ray burn (*focus-tube dermatitis*), due to the exposure of the skin to too powerful or too prolonged action of the Roentgen rays, the first signs appear about the third day after. The first evidence is a slight redness of the skin, this deepens and extends, and in a day or two small blebs appear, which break, and from them tissue destruction extends by cell necrosis until large denuded areas may form.

There is no doubt that these rays do produce burns, and there is no doubt as to their frequency. At the present time the number drops to few in estimating from the numbers treated. Only when idiosyncrasy or an extra tender skin is encountered does it unexpectedly occur. Frequent and prolonged exposure to the same area is generally the cause.

The subjective symptoms are here described: First, there is slight tingling, which increases to a burning sensation, with later marked irritation and itching; the skin assumes the sunburn color. It may or may not grow worse. Vesicles may form, leaving a raw, painful surface. The burns are difficult to heal. The deep lesions are osteitis, or a distinct osteoplastic perlostitis; there may be violent inflammation of the lungs. Dermatitis, if properly produced, is within certain limits a desirable feature of the X-ray treatment.

Radium, as we know it, is a salt, the chloride, kept in glass tubes not larger than a thick match. This is wrapped with lead for the protection of those who handle it. Lead stops the harmful rays that would otherwise make trouble.

After placing the tube in contact with the skin, and leaving it there for a few minutes, there would be manifest effects

therefrom. The results of these contacts, in the person of one of the investigators, are a forearm scarred and reddened from freshly healed sores. Prof. Becquerel, in journeying to London from France, carried in his waistcoat pocket a small tube of radium to be used there in a lecture. A fortnight later the skin under his pocket began to redden and fall away, and finally a deep and painful sore formed, and remained for weeks before healing. Besides heat and light, this strange element gives out constantly three kinds of invisible rays that move with the velocity of light, or thereabouts, and that have separate and well-marked attributes. Luminosity or phosphorescence, an actinic action analogous to the X-ray and ultra-violet ray, and the power of making other bodies radio-active, like themselves, may be mentioned as some of their peculiar features.

(To be continued.)

[Written for the MEDICAL BRIEF.]

A Bad Wound With a Good Recovery.

BY R. R. ANDERSON, M. D.,
Buford, Ohio.

While hunting rabbits in a thicket of underbrush near his home, November 17, 1900, H. E. L. got upon a log so as to have a better view of his surroundings, and while there discharged one chamber of his double barreled, muzzle loading shotgun at a passing rabbit. Thinking to reload where he was, and while doing so, the breech of the gun slipped off the log, the hammer of the loaded chamber striking the log, discharged the load, the whole passing through the wrist of the right hand. The load entered the front side of the hand near the lower extremity of the ulna, passing through the wrist, carrying with it completely all of the carpal bones of that hand with their attachments, also destroying the external condyle of the ulna, and the upper end of the fourth metacarpal bone, and destroying, of course, all the small nerves and blood vessels in that part of the forearm.

I saw the wound in less than half an hour after the injury, the patient having been brought hurriedly to my office. Mak-

ing a hurried examination, and finding no great amount of hemorrhage, and noticing that the sides of the wrist containing the large blood vessels and nerves was not badly destroyed, and also taking into consideration that he being a man only thirty-three years old and strong, athletic, and of temperate habits, that there certainly was a fair chance to save the hand. This decision was strongly opposed by nearly every spectator present, of whom there were by this time about twenty-five, many speaking loudly against my foolish conclusion.

Paying no attention to their protestations, I sent for my neighbor and friend, Dr. Matthews, who administered chloroform, and in a few minutes the cleansing process was begun.

It took more than an hour to remove all the fragmentary particles, consisting of bone, muscles, tendons, nerves and blood vessels, charred and blackened and torn as they were.

But by the help of my assistant, and some of the bystanders, I had a rather decent looking wound, large enough to admit three fingers at once.

After thoroughly cleansing the wound with hot carbolized water, I dressed it by placing as large a piece of carbolized gauze in the wound as it would admit, then applied a dressing of the same gauze, with a splint on the front and back sides, and covered the whole with a bandage.

I then placed the patient in my own home that I might the better be able to watch him for a few hours.

He rested very little the first night, except when under the influence of a narcotic.

After redressing the wound, the following morning I sent him to his home, visiting him each day, and dressing the wound as at first. The wound healed very nicely, and gave him very little pain after a day or two, and at the end of the second week had so far healed that I was unable to get the smallest piece of gauze in the opening.

There was never at any time during the healing process a particle of pus present, and at the end of the fourth week the wound was completely healed, and the patient could move his fingers considerably, and in a few months could bend the

wrist some, and use the hand for many things. On the two succeeding springs he was elected township assessor, and did the writing with that hand.

At the present time he has a hand that is quite useful, except for lifting heavy loads, and although about an inch shorter than its mate, yet is called to act many times oftener.

[Written for the MEDICAL BRIEF.]

Hypertrophy of the Spleen.

BY ALSEY B. YOUNG, M. D.,
Brownsville, Tenn.

This affection, commonly known as ague cake, may be considered as the result of, or attendant upon subacute, or chronic inflammation of the spleen, following protracted cases of intermittent or malarial fever.

The size of the spleen varies greatly in these cases. It may be only slightly enlarged in some cases, while in others it is increased to twice its original size, and may become so enlarged as to fill the greater portion of the abdominal cavity.

In these cases we find the patient suffering with a feeling of weight, tension, and distress, with sharp catching pains in the left side on taking active exercise. He is, therefore, frequently unable to take as much exercise as he would like, or as his health would otherwise permit. When the result of malarial influences we also find the patient decidedly cachectic, the skin sallow, wrinkled and dry, urine variable, sometimes scant, at others abundant, bowels irregular, sometimes constipated, at others diarrhea. The patient may have a good appetite, but the food being imperfectly assimilated, his strength is not increased; the nervous system being more or less disturbed, the patient is restless at night, with at times great depression, difficult breathing, and lowness of spirits. With proper management, we can usually assure the patient of recovery in these cases where the enlargement of the spleen is the result of intermittent or malarial fever, but if the splenic enlargement be the original affection with cachectic symptoms depending on it, the prognosis will be unfavorable.

We have many good remedies for the treatment of hypertrophy of the spleen, but I shall only call attention to that of polymnia uvedalia, for if there is any one thing certain in medicine, it is that polymnia exerts a direct influence upon the spleen, and if it were more generally used, doubtless many operations for removal of the spleen might be averted.

We use the specific medicine polymnia internally in doses of five to twenty drops, and have the abdomen over the spleen thoroughly rubbed with the ointment of uvedalia, which should be well basted in with heat.

A recent case of splenic hypertrophy which came to me for treatment, may prove of interest, and serve to illustrate the action of polymnia uvedalia in these cases.

Mr. McC., aged forty-six; applied to me for treatment, after having suffered for many years from an enormously enlarged spleen, following chills and fever. I found the abdomen protruded to its fullest extent, the spleen filling every available space; and pressed upwards on the thoracic viscera, giving the patient great difficulty in breathing.

I had little hope of the patient's recovery, but decided to try polymnia uvedalia anyway, so I put him on the specific medicine, polymnia internally in ten-drop doses four times a day; the dose to be gradually increased to twenty drops; and applied the uvedalia ointment, warm, locally, and well rubbed in over the spleen, night and morning. Under this treatment, the patient began to improve at once, and at the end of two weeks, when he came for more medicine, he said that he felt better, and was more active than he had been for several years.

We continued the treatment, and in three months the spleen was greatly reduced, and the abdomen had almost assumed its normal size, the patient expressing himself as feeling almost entirely well.

I advised him to keep up the treatment, but he moved away shortly after this, and having lost sight of him, I can not say as to the final result of the case. Still due credit should be given to polymnia uvedalia.

[Written for the MEDICAL BRIEF.]

Pneumonia.

BY P. M'DONALD, M. D.,
Grayson, Ga.

Pneumonia, being a prevalent disease at this season of the year, I will give the readers of the BRIEF my experience and success with this much-talked-of malady.

Will say in the outset, that I am not a practitioner of ists, pathys or isms. I believe in the mode that relieves and cures the sick.

Should I find something to-morrow that on sufficient test proves better than my practice to-day, I should not hesitate to adopt it. It strikes me that if the scientific research of the profession was directed more to the treatment, and not so much to the isolation of some little, harmless germ, the mortality in our large cities would not be on the increase instead of decrease.

Gentlemen, I am a firm believer in the medicinal treatment of pneumonia. In this I mean a cautious, judicial treatment, and I have in my practice a mortality of less than two per cent to back me. Of course, the locality has its weight. I have no doubt that if I lived in some of the larger, crowded cities, where the atmosphere was not laden with oxygen, as it is here, the per cent would be some greater. But I see no need of it being twenty to thirty-five per cent. The main thing I find in pneumonia is to conserve the vital forces, and select the proper remedy. If this is done, your patient will not need over three or four remedies at the most, and generally two will be sufficient.

Treatment.—The first thing I do when called to see a case of pneumonia is to take in the situation thoroughly, the condition of the bed chamber, the ventilation, and the condition of the patient's stomach and bowels, also the full extent of the disease. If, as is sometimes the case with the poorer classes, the room is open, and fresh air has full sway, I direct to keep room closed as much as possible. If room is tight, I regulate ventilation myself. If the patient's stomach will take food, I give milk, beef tea and gruel or egg albumin regularly. I leave off the calomel

purgation entirely, and if a cathartic is absolutely necessary, give a mild saline. Many times I get along nicely without anything in that line.

Am not much of an advocate of external application, except where we have severe pleuritic pains; then I use libradol or antiphlogistine. In cases where both lungs are involved, it is well to use a large jacket to cover the entire chest, merely to protect it, made of absorbent cotton, held in place with bandages covering the entire chest.

The main part of the treatment is the sedative, and this is the cautious part also.

Pulse small and frequent, constriction of throat with burning of fauces, aconite ten drops to four ounces water; teaspoonful every hour. If pulse is medium, add specific tr. veratrum, fifteen drops, to the aconite.

Pulse full and bounding, pyrexia veratrum fifteen drops to four ounces water; teaspoonful every hour.

Cough, with pain in back and shoulders, extending to occiput, abundant sputa, sticta specific tr. ten drops to four ounces water; teaspoonful every hour. Alternate with your sedative.

Oppressed respiration, diminished expectoration, mucous râles, hypersecretion in bronchioles, feebleness and weakness, ipecac fifteen drops to four ounces water; alternate with your sedative.

Gentlemen, this is one of my pet remedies in pneumonia, and I most always find indication enough to put it in.

Cough, scanty expectoration, moist skin, acute pleuritic pains, asclepias tub., one drachm to four ounces water; teaspoonful every hour.

Full and tense pulse, suppressed hacking cough, with pain in side, respiratory movement restricted, bryonia specific tr. ten drops to four ounces water; teaspoonful every hour.

Bright eyes, contracted pupils, flushed face, determination of blood to the brain, gelsemium specific tr. twenty drops to four ounces water; teaspoonful every hour.

Tongue and mucous membrane purplish in color, breath offensive, sordes on teeth and lips, full abdomen, baptisia ten drops

to four ounces water; teaspoonful every hour.

Dullness, drowsiness, dilated pupils, dull, heavy, aching pain in head, blueness of face and extremities, impaired capillary circulation, belladonna ten drops to four ounces water; teaspoonful every hour.

I combine any two or three of these drugs, and give every hour, alternating with the sedative.

With this collection of drugs at my command, I can most always select a line of treatment that has proven successful in my hands. Watch your patient very closely, see him at least twice every twenty-four hours. Judicious pursuance of these rules, however simple they may seem, will find your patient convalescing from the fifth to the ninth day in the great majority of cases. Then put your patient on a good tonic for two weeks, and it is all over.

[Written for the MEDICAL BRIEF.]

The Ideal Physician.

BY J. A. COX, A. M., M. D.,

Author "Practical Paragraphs for Patients and Physicians," "Practical Problems, Arithmetic and Algebraic," and joint author "The New Arithmetic."

Wheeling, W. Va.

In all things terrestrial, we discern what we, at least, style imperfection. It is said that the most perfect apple has in it somewhere a perceptible defect. No individual blade of grass, no forest tree, no bird of the air, no beast of the field, is absolutely perfect, in every sense of the word.

Since, in the physical world, we find imperfection everywhere, so, even in the moral and intellectual worlds do we find deviations from the standard of our ideals. No two wild beasts are exactly alike in ferocity. No two domesticated animals are the same in temperament. No two human beings are identical in disposition.

Inasmuch, however, as we can strengthen the body, or cultivate the mind, so, also, can we modify the temperament, and improve the disposition.

The ideal physician, like the ideal patient, the ideal minister, or the ideal

citizen, does not, of course, in the absolute sense of the term, exist.

Great reform movements often fail, simply because well-meaning, though over-zealous, theorists imagine that their ideals of excellency are perfectly attainable. They expect so much that the realization in full of their expectations is practically impossible.

Patients often expect too much of their physician. They can not see why he should fail to cure even incurable conditions. They act towards him as though he should prove himself a veritable miracle worker.

Likewise, physicians may, at times, demand too much of their patients. They may expect absolute perfection in their faith, obedience, and demeanor, whereas, human perfection is, as we have said, unattainable. Whilst absolute perfection in religion, in politics, in society, or in business and professional life, is, in the language of the late Senator Ingalls, an "Iridescent dream," still, we should all strive sincerely to reach, as near as possible, the goal of human perfection—the ideal man, or woman.

Let us then endeavor to picture properly the ideal physician. Let us show some of the signs infallible that mark the physician, who approximates the high standard of perfection.

1. The ideal physician is courteous, kind, considerate, and obliging.

He is a friend, true and tried, both to the rich and to the poor. He prescribes alike to the righteous and to the unrighteous. To all classes and conditions of society he is the same.

He so studies human nature that even the humblest, or vilest among men, may enter his presence without fear or trembling.

In a word, the ideal physician is an ideal gentleman.

2. The ideal physician values the friendship of all reputable physicians. He knows no isms, no schools, no creeds.

He does not endeavor to build up a practice by abusing a fellow practitioner. He does not aim to secure patronage by criticizing the line of treatment of a brother physician.

He attends strictly to his own professional work. If he possess real merit, he

relies upon that alone to secure to him, in due time, a full measure of success.

If he possess good common sense, he will not meet abuse with abuse, for he will realize the fact that even just censure will but inure to his rival's welfare.

He will know that many a doctor of mediocre ability has been simply slandered into a lucrative practice, while his critics, though, perhaps, men of superior ability, have lapsed into comparative obscurity.

3. The ideal physician is strictly loyal to his patient. He reveals nothing that would, in any way, injure his reputation among men. He would even, if need be, go to prison, rather than, in a court room, disclose a professional secret.

No human frailties are ever commented upon. No shortcomings are ever referred to. No sins of either omission or commission, on the part of the patient, are ever divulged by the truly ideal physician.

4. The ideal physician works unceasingly and unselfishly for the recovery of his patient.

He does not magnify the patient's malady, nor manufacture imaginary ills, in order to secure his patronage. He does not, in any way, retard his restoration in order to extract from him an unnecessary fee. He does not boast of having performed miraculous cures, in order to exploit his own name and fame.

He does not terrify his patient by making grave forecasts as to the final result. On the contrary, he may, indeed, suppress the facts, when a full revelation of the truth would certainly prove disastrous to his patient.

He strives not simply to restore, in the shortest time possible, the body to health and vigor; he aims, moreover, with equal diligence, to guarantee to the sufferer peace and tranquillity of mind. His patient's welfare is, indeed, to him of supreme importance.

5. The ideal physician is charitable.

Charity is an attribute of every true physician. In fact, charity is practiced by almost every physician. No other class of professional men so perfectly exhibit in their lives this cardinal virtue.

When friends and kindred fail to comfort and console; when all others have forsaken him, the dying patient can turn

to his physician, assured that in him he has a friend, steadfast, unmovable, always abounding in charity.

Year in and year out, often without the slightest hope of pecuniary recompense, the physician, as an angel of mercy, ministers to those in penury and destitution. To thus minister, he feels it his bounden duty.

The uncharitable doctor will tell us that, for the poor, there is provided a county home and a county physician. But, I ask, is it fair to deprive a man of his choice among physicians simply because he is poor? Is not the humblest creature in the lowliest hut as much entitled to his choice of physicians as the wealthiest citizen in the costliest mansion?

Again, the county physician, as a rule, is paid but a starvation salary, which affords a strong temptation to the doctor to render to the poor but starvation services. The law, I believe, should pay for medical services to the poor, but in the selection of the physician, it should give to the pauper the same privilege vouchsafed to the millionaire.

Limit the price per visit of the physician, if you will. Fix a maximum rate, above which, no physician shall charge. But let the fee be sufficient to justify competition among all reputable practitioners.

Where the law thus fails to do justice either to patient or physician, the ideal physician should respond, remembering that "He that giveth to the poor shall not lack. His horn shall be exalted with honor."

6. The ideal physician possesses business tact. He is a good collector as well as a successful physician. He has, as above shown, abundant charity for the worthy poor who are unable to pay a fee, but he has no sympathy whatever for the professional dead-beat, who can pay, yet who stubbornly refuses to do so.

Before demanding honesty on the part of his patients, the physician should, of course, first prove himself strictly upright in all his dealings. Indeed, the dishonest physician is a disgrace to his profession. He should be shunned in the community as a moral leper unworthy even the slightest respect. He should be completely ostracized by his fellow-practitioners.

On the contrary, the doctor who himself practices the principles of honesty and justice, can, with perfect consistency, demand, in return, suitable compensation for his professional services. To his fees he is entitled. For them he should contend. Not to do so, is to reduce the practice of medicine to the level of quackery. Not to do so, is to lower the level of honesty and integrity, both in the physician and among his clientele.

Indeed, the physician who is careless in making his collections, is usually careless, also, in his prescribing. He who is attentive as to his fees, is, as a rule, attentive, also, to his patients.

In a word, the physician who possesses real merit and skill is neither afraid nor ashamed to demand just recompense for his services. With him, the Scriptural maxim, "The laborer is worthy of his hire," is a living verity.

A straightforward, business-like transaction is not, therefore, at all inconsistent with the most exalted conception of charity and benevolence.

7. The ideal physician is a man whose moral and Christian character is above reproach.

His word should be as good as his bond. His character should be as gold tried in the fire.

He should not essay the role of the preacher, nor should he lecture his patients upon moral or religious topics. He should, however, strive to exemplify in his daily walk, and conversation among men, a character, pure, noble, unselfish, and unsullied. He should cultivate a "conscience void of offense toward God, and toward men."

8. The ideal physician "Looks not upon the wine when it is red," for, as a physician, he knows full well that "At last it biteth like a serpent, and stingeth like an adder."

The use of intoxicants, as a beverage, is bad enough anywhere, but, among physicians, it is the quintessence of folly.

He into whose hands are placed the lives of human beings, should, of all men, possess a steady hand, and an unclouded intellect.

A drunken doctor should be regarded as more than simply an object of pity. He

should be looked upon with fear and distrust.

Even when the doctor is sober, the patient who places his case in the hands of a physician given to the use of intoxicants, takes an awful, and a needless, risk.

9. The ideal physician is a finished scholar.

He understands chemical combinations, chemical reactions, compatibilities and incompatibilities. He is not obliged to copy his prescriptions from books of ready-made formulæ.

He understands mathematical computations. He is able to calculate, for example, how much tincture of aconite should be put in a six-ounce mixture so that, in teaspoonful doses, every dose may contain two drops of the tincture. He is able, in a four-ounce mixture, containing two drachms of ammonium chloride, to tell how many grammes of the salt there are in every dessertspoonful dose.

He understands the Latin which he employs in writing his prescriptions. He is not obliged to commit it to memory for the particular occasion at hand.

The physician who has not, at least, a fair knowledge of Latin, chemistry, and mathematics, is wholly unqualified to safely and successfully practice medicine.

A druggist once told me that a patient brought to his store a prescription calling for powders, each of which was intended to contain ten grains of calomel.

The physician, however, committed the unpardonable blunder of prescribing, instead of ten grains of calomel, ten grains of corrosive sublimate, better known as "bed-bug poison."

Though apprised of the mistake by the druggist, the doctor still contended that he was right, and, furthermore, he refused to be convinced, until reference to his text-book proved to him his error.

Now, calomel in Latin, in medical or scientific terms, as every classical scholar knows, reads: *hydrargyri chloridum mite*, which, translated into our language, is mild chloride of mercury.

Corrosive sublimate, in Latin, is *hydrargyri chloridum corrosivum*, which reads in English, corrosive chloride of mercury.

Had the physician known the meaning of the Latin adjectives, *mite* and *corrosivum*, the mistake could not have occurred.

Fortunate, indeed, for the patient that the prescription fell into the hands of the druggist himself, instead of, as is so often the case, into the hands of some sixteen-year-old unregistered drug clerk.

Scholarship alone does not, of course, make the successful physician. Other qualifications, as I have shown, are, also, essential. One man may have the necessary scholarship, yet fail as a physician. Another may have but limited education, yet experience a fair measure of success.

The first may lack judgment. He may be faulty in diagnosis. He may be a poor student of human nature.

The second may possess all the other qualifications, except education. He may so manage as not to make fatal mistakes, or his blunders may be corrected by the pharmacist who compounds his prescriptions.

The fact that cultured physicians themselves make mistakes but doubly confirms my position. The most skillful pilot may send his vessel, with all on board, to the bottom of the sea; but because of this fact, would you place at the helm a mind devoid of naval training and experience?

Likewise, if the scientific physician, with all his medical knowledge and acumen, fail to relieve or cure, what can you expect from the man who possesses, at best, but a few crude ideas, totally ignorant of the anatomy of the human body, wholly unversed in the laws of chemical combinations, entirely untutored in the language in which he writes his prescriptions?

Remember, then, the uneducated physician is always a dangerous physician.

He who would sooner trust his case to the uncultured doctor, than to the scholarly physician, certainly places a very low estimate upon the value of human life.

The above are some of the tangible signs that mark the ideal physician. The writer, by no means, pretends to pose as a living illustration of the pure precepts herein enjoined. He does, however, believe in having a high ideal, although he himself may fall far short of attaining

unto it. He does believe that the man who has a low ideal will gradually, though surely, gravitate towards his misplaced standard. He does believe that the man who has a high ideal will, on the contrary, just as surely rise above the mists and fogs of doubt, discouragement, and impending failure, to bask in the clear sunlight of faith, happiness and ultimate success.

Courtesy, fraternity, loyalty, fidelity, charity, honesty, morality, sobriety, scholarship—a splendid combination of graces. Happy, indeed, the physician who but seeks sincerely to measure up to the standard. Thrice happy he who, day by day, with the star of hope as his guide, finds himself ever nearing his coveted goal.

[Written for the MEDICAL BRIEF.]

Treatment of Pneumonia.

BY J. MCCLANAHAN, M. D.,
Westminster, S. C.

The great number of deaths from pneumonia renders it a matter of serious consideration at all times, and especially at this season. In the author's experience, no one disease is more fatal in this climate. The writer's attention was recently called to a statement of a physician in Chicago to the effect that all the treatment in vogue was useless. That the disease was "self-limited," and, therefore, would run its course without being affected by treatment. The same is taught in some of our best (?) and latest text-books.

The writer commenced the practice of medicine in 1867, and has been almost continuously engaged in it since. For the first twenty-five years he treated it in the strictly orthodox manner. Some robust, plethoric cases, when seen early, seemed to be benefited by bleeding. We used active purges (calomel, jalap, etc.). We tried "touching the gums" with mercury, that is, slight salivation. Tartar emetic was given a fair trial. The "supporting" treatment of Bennett, of Edinburgh, was tried, and found slightly better. Then Dr. Norwood, of this State (S. C.), urged the use of his tincture veratrum viride. Many of the profession thought this a

great improvement. Blisters to the chest were almost universally used.

Dr. Austin Flint, in his "Practice," published in 1861, expressed doubt as to the benefit of the treatment then in vogue, and suggested a different view of the pathology of the disease. He considered it a general disease, and suggested "lung fever" as a more appropriate name than pneumonia, or pneumonitis. After twenty-five years of disastrous experience in treating this disease in the various ways above mentioned, the writer of this came over to Dr. Flint's conclusion, and adopted a plan having more regard to the general condition of the patient, and less to the local manipulation. In all the cases treated since 1890, those only were included in notes, etc., where there was rusty or bloody expectoration, however clear the diagnosis might appear.

Of course, that excluded many cases of catarrhal (lobular) pneumonia, in which the characteristic sputa is less universal. The results up to that time were not encouraging. About fifteen to twenty-five per cent of fatal cases. After that the percentage of deaths was very low, not exceeding five per cent, and those usually in people who were the subjects of valvular heart lesions. The treatment adopted then, and always carried into effect now, was substantially as follows:

Commence with an active purge, say, to an adult, eight to ten grains calomel, with jalap. Give, at same time, ten grains acetanilid, or A. K.

After one and one-half or two hours, repeat the acetanilid, with quinia sulph.; eight grains of first, with five five to six of quinia. Repeat this every three hours, after second dose, until the temperature falls to 101° F., or less. Then continue often enough to keep the temperature at or below 101° F. Use no irritants to thorax. Iodine or spirits turpentine would probably do neither good nor harm. Blisters are positively injurious, adding to fever and irritation. An oil silk vest, or waxed cloth, may be slightly beneficial.

Sound theory is against cold compresses, etc., over inflamed lung. They not only depress the patient, and cause harmful shock, but, by driving blood from the cutaneous surface, increase engorgement of internal viscera. If pulse is at all

weak, or too frequent, use tincture digitalis. The writer's experience has been in its favor as against strychnia. Tincture veratrum is too depressing to the heart.

The above is a condensed treatment that has proven so far almost universally successful. Keep the bowels loose. In vigorous subjects, free purgation; the derivative effect of free purgation is much greater, also its depleting effect, than any blister, however large the surface covered. Keep the temperature down. A patient with pneumonia (especially croupous) whose temperature is 101° F., or less, is inside the danger line. Expectorants are useless. Digitalis does good in catarrhal cases, aside from its tonic influence on heart. It is in those cases (catarrhal) where the best effects will follow the careful use of tincture veratrum.

Out of many that could be copied from note book, or memory, but one case will be taken to show effect of the treatment above described:

J. M., age thirty-five, weight two hundred and twenty-five pounds, male, white, family history good. Previous health good. Writer had just discharged wife and daughter, who had had croupous (lobar) pneumonia.

February 20, eight A. M., had a chill at midnight the night before. In bed, decubitus on back. Bowels constipated, continuous "hacking" cough. Basin by bedside contained not less than half pint of bloody mucus. Skin dry and burning hot. Complains of "aching all over." Excruciating headache. Pulse, one hundred and twenty. Respirations, thirty-five. Temperature, 106° F., under tongue. All the physical signs of pneumonia present. Dullness on percussion complete over entire lower lobe of right lung, and half of upper lobe. To relieve the headache, etc., he was given at once calomel and jalap, each ten grains, and ten grains antikamnia.

The attendant then prepared a powder of ten grains acetanilid, and eight grains quinia sulph.; gave it to the man's wife, with instructions to give it at 9.30 o'clock (one and one-half hours from time antikamnia was taken. Then turned away to put up some doses containing eight grains acetanilid and five grains

quinia. Hearing some motion at the man's bed, turned round just in time to see him wash down the dose to be given one and one-half hours later. He had on board ten grains antikamnia and ten grains acetanilid. Being somewhat alarmed, on account of amount taken, the writer waited to see results, and do anything necessary, if harm was done. At expiration of one and one-half hours, the patient was examined. Pulse, one hundred. Respiration, thirty-five. Temperature, $101\frac{1}{2}^{\circ}$ F. Perspiration profuse. It—the sweat—was pouring from every pore. He was in bed with his clothes on, and on a quilt laid on the sheets. His clothes were saturated, and the quilt wet through. Directions were written ordering the eight-grain powders every three to four hours, *pro re nata*, to be held up in case of blueness of lips, etc.

Called next day at same hour; found he had slept well. Expectoration greatly lessened, and less blood in it. Pulse, one hundred. Respiration, twenty-six. Temperature, $100\frac{1}{2}^{\circ}$ F.; rather free perspiration. Purgative acted well. Headache left the day before, just after taking his overdose. No aching of back and limbs.

Continued the acetanilid and quinia every six hours. Calomel and jalap at bedtime. Tincture digitalis, and tincture nuxvomica, each ten drops every eight hours. Called next day. He was sitting up. Pulse, ninety. Respirations, twenty-two. Temperature, $99\frac{1}{2}^{\circ}$ F. Treatment continued, but the acetanilid and quinia only three times a day. Discharged.

Three days after last visit, in riding through his neighborhood, saw him sitting on a friend's piazza, two miles from his home.

His case was evidently aborted, as can often be done when the patient is seen within the first forty-eight hours of the commencement.

Will add that no bad effect on the heart has ever been observed from the use of acetanilid or antikamnia, or any of those preparations. Have used many pounds of them.

Enclosed find postal money order for one dollar for 1905. Want more of the BRIEF. Suits me.—J. D. MOTT, M. D., Crider, Ky.

[Written for the MEDICAL BRIEF.]

The Treatment of Typhoid Fever.

BY W. T. DAVIS, M. D.,
Harrodsburg, Ky.

Typhoid fever is a specific affection, but for that acute fibrile disease we have no specific remedy. In the first place we should be positive that we have a case of typhoid fever to treat; then we should closely guard the symptoms as they are developed and be prepared to combat them with the proper remedies and with the proper understanding of the case. I have, in practicing medicine for fifty years, learned enough in regard to the treatment of typhoid fever to know that the main point in its management is to depress the temperature at once, or as soon as possible. The treatment to that end is the most important. My opinion is, after the success that I have experienced in treating many cases, the most suitable antipyretics to depress the temperature are hydrotherapy, quinia and digitalis. The method of hydrotherapy consists in immersion in water at a certain temperature, the wet pack and the local abstraction of heat by special appliances. I hold to be preferable the method of gradual reduction of heat. I place my patient in water at 96° F., then by the addition of cold water the temperature of the bath is brought down to 95° F. The duration in the bath should not exceed ten or fifteen minutes; the thermometer should constantly be in position to observe the effect. The temperature of the patient requiring the bath is at any point above 101° F. (axilla) and the repetition of the bath must be determined by the effect, every two, four or six hours, at night as well as in the day. The baths should be kept up as long as they do good. If the patient becomes depressed or is made faint some stimulant should be given before, during or subsequent to the bath, according to the result. Vin portense is the most suitable stimulant in my opinion, in such cases.

The wet pack may be used with equal effect if the bath is impracticable. A sheet is wrung out of cold water, the patient is thoroughly wrapped in it and then covered up with a blanket for a few minutes, when the process is renewed if necessary. The bed should be protected

by a gum cloth. There are several contraindications to the use of cold baths, hemorrhage from the intestines, great weakness of the heart's action and coldness of surface with high internal fever.

Quinine is next to hydrotherapy, and probably a superior remedy, for reducing abnormal temperature of the body. Notwithstanding good results have been obtained from baths, it is more than likely that quinine will always be preferred by many practitioners of medicine, because of the readiness with which it may be brought to bear on the production of heat. If I were forced to adopt one or the other in the treatment of typhoid fever—cold water or quinine—I certainly should choose the latter. Antipyretic doses from ten to twenty grains of quinine must be given to an adult patient every four or six hours to produce the desired effect; a sufficient dose will cause a decline of several degrees of heat lasting several hours; less effect than this certainly will not justify the employment of the remedy. According to my judgment ten grains of quinine should be given to an adult patient laboring under typhoid fever every four or six hours until a decided reduction of temperature takes place, then suspend its use until the temperature begins to rise again. The power of quinine to reduce abnormal heat may be aided by digitalis when the latter is not inadequate, or a few doses of digitalis may be given every four hours before the quinine is commenced. If the stomach is irritable the digitalis should be withheld; it should also be withheld if the action of the heart is feeble.

The best results are always obtained, according to my judgment, by using all the antipyretics at the same time whenever the nature of the case demands them. The influence of baths, wet packs or sponging with cold water, quinia and digitalis should never be lost sight of in the treatment of typhoid fever, if we wish to keep under control the abnormal heat. If the temperature of the patient is kept within proper limits there will be less need for attention to complications; nevertheless, the attending physician should always be prepared to obviate any tendency whatever to complications. Stimulants should not be used in the

treatment of typhoid fever cases, unless the condition of the patient absolutely calls for them. Morphia and belladonna are the remedies in wakefulness and restlessness in doses to suit the demands, but at the same time they should be given with great caution. Chloral hydrate must be very cautiously given, if at all, owing to the weakness of the heart's muscles. If there is much thirst, the tongue is dry and the abdomen distended with gas, turpentine, both internally and externally, is highly useful. Muriatic acid, properly given, will frequently act well under the same circumstances. If there is much tenderness of the abdomen turpentine and warm applications should be applied as long as they do good. If the bowels act too freely keep them in check with a little opium or Dover's powder, bismuth and carbolic acid properly combined will sometimes answer a good purpose to keep the bowels in check when they act too much; so will the tincture of opii act well in some cases.

If hemorrhage occurs from the intestines, their movements must be suspended by opium, combined with alum, tannin or plumbi acetate, to check the flow of blood. The tincture chloride of iron will answer occasionally, also cold applications to the bowels will sometimes answer a good purpose to check hemorrhage. If perforation occurs morphia, hypodermically, is the remedy (if there is any). Absolute rest must be maintained and stimulants may be cautiously given. If the headache of typhoid fever patient is severe, which is frequently the case for the first few days, give the bromide of potas. from ten to thirty grains according to the age of the patient, at bed-time; it checks restlessness and procures quietude and sleep. The lungs may become seriously involved, there may be considerable engorgement; if so, the bromide of potassium is an excellent agent to prevent further clotting and will answer wonderfully in relieving the lungs of the engorgement that may already exist; it helps to retain the fluidity of the blood, and it is one of the best nervines. At the same time we should not by any means neglect our other remedies, especially the quinine and external applications, such as mustard and lard combined, so that it will not irri-

tate the cuticle too much. It should be gently rubbed all over the chest once every twenty-four hours, or oftener if necessary, until the lungs are relieved.

If the above treatment of the lungs is a failure, do not stand back to give the patient one or two doses of quinia sul., five grains; Dover's powder, five grains; hydrag. subchlor., two grains, with ten drops of the fluid extract of digitalis at bed-time (if an adult, and children in proportion to age).

The hair on a typhoid fever patient's head should be cut close, and cold applications to the scalp should be kept up as long as the fever lasts. If the patient's bowels are locked up at any time, they should be opened with sulphate of magnesia. If there is any tendency to scrofula, tincture of iodine is beneficial in the treatment. Stimulants should be used when the condition of the patient requires them; light wines for the first twelve or fourteen days, whisky and brandy the remainder of the time, if the condition of the patient calls for them. They are best given and received by the stomach in egg-nog.

The alimentary treatment of all typhoid fever patients should be closely guarded from the commencement of the attack. Nourishing, easily digested aliment should be given without fail at regular intervals; every four hours it should be offered the patient. Nurses should attend closely to that particular duty; if they wait to be called on for food or drink, they may wait in vain, for that is not often the case. While food should be given every four hours, it should be in suitable quantities. Buttermilk, sweet milk, mutton and chicken broths, and half-boiled eggs, may be given in sufficient quantities from the commencement of the disease, to sustain the strength of the patient. Aliment and mild stimulants are the main remedies after the fever leaves. Broken-down alcoholics should be given alcoholic stimulants, more or less, from the start to the finish.

Berlin Klin. Wochenschrift, December 5, 1904, speaks of Rosenbach as one of the greatest thinkers of the representatives of scientific medicine of the present time, and of his eminent mental work.

See ad., page 53.

[Written for the MEDICAL BRIEF.]

Jaborandi.

BY M. M. FOY, M. D.,
New York City.

Jaborandi is one of the remedies which does not receive the consideration it merits, because of the unreliable nature of the average preparation of this drug, and because its alkaloid, pilocarpine, does not by any means represent the full virtues of the plant. I think if physicians will investigate the claims made for jaborandi by various therapeutics, and use Lloyd's medicine exclusively while doing so, they will make a decided gain in knowledge and power.

Jaborandi has a very favorable influence in rheumatism, especially acute articular rheumatism, but all the local congestions and inflammations of rheumatic origin come within its sphere, such as affections of the eye, throat, ear, etc.

Jaborandi may be used to good effect in essential fevers, as also in those associated with some inflammatory process, such as pneumonia, erysipelas, etc.

In mumps, in excessive action of the salivary glands, in excessive sweating from weakness, in threatened mastitis, or to increase the flow of milk, jaborandi is of the greatest value.

The drug has its uses in obstetrics. Where the os fails to dilate properly, and the tissues are hot and dry, full doses of jaborandi, as much as half a drachm, will soon bring about improvement. In whooping cough, when everything else fails, try jaborandi.

But it is in rheumatism that I would lay most emphasis on the value of jaborandi. Whenever the joints or other parts are swollen and painful as a result of rheumatism, jaborandi will afford relief. It is of considerable benefit in muscular pain and spasm. Lumbago is quite amenable to this remedy. As rheumatism in all of its forms is a great *dete noir* to the profession, its members will do well to thoroughly "try out" the virtues of jaborandi.

The effect produced by jaborandi is largely regulated by the dose. For instance, where there is great arterial excitement and suppression of the secre-

tions a materially larger dose will be required than where it is administered to relieve excessive sweating or pyralism. In other words, the drug must be used intelligently to get the best results in each case.

Jaborandi is of value, used internally, and as an external application, to thicken the hair and increase its growth.

In dry catarrh of the naso-pharynx, or middle ear, jaborandi, if used persistently, will often bring about considerable improvement. The hearing faculty, which becomes dulled by the progress of this disease, is sometimes distinctly benefited.

Do not make the mistake, in employing this remedy, of supposing that pilocarpine will serve your purpose equally well, for if you do you will be disappointed. This is one of the cases where it is necessary to use a fluid preparation containing all the medical properties of the plant. The average preparation of commerce is also unreliable. I use that prepared by Lloyd Bros., because I always get satisfaction from it.

[Written for the MEDICAL BRIEF.]

Typhoid Fever, or What?

BY R. S. WARD, M. D.,
Dickeys Mills, Ky.

I was called to see Miss D., aged fourteen years, on September 22, 1904, nine days after her illness began, and found her temperature 105.1-10° F. in the morning, 106° F. in the evening, with coated tongue, edges red, some meteorism; pulse, one hundred and ten; respiration rapid; bowels moving five or six times per day; mind clear, and so continued to the end; never any delirium at any time. There was some deafness, a bronchial cough, and some eruption on chest. There was no mental disturbance; pupils normal all the way through. Despite all I could do, temperature oscillated between 105° and 106° F. for twenty days, when it declined to 102½° F., but would go back to 106° F. again. Tongue cleaned off on the fifteenth day of her illness, and remained clean and moist till the end. About the fortieth day of her illness, sores appeared on her lower limbs (not bed sores), though one bed sore did ap-

pear on her back, though I took every precaution to avoid it. Later on, her right leg became paralyzed.

Treatment to Reduce Temperature.—Gave sponge baths, from ten to twenty per day, alternating cold and hot, with alcohol baths. Gave aconitine to the limit. Gave bis. subgallate, with menthol, thymol, eucalyptus, zomakyne, carbolic acid, etc.

Quinine was given to lessen the oxygen carrying power of the red blood corpuscles. She was fanned constantly night and day. Her skin was like an oiled paper; never perspired till late in the disease, which continued seventy-three days. Her diet was chiefly milk, sour and sweet, with lemons and fruit juices, and soups.

I also used veratrum, chlorate of potash, and acetozone. Of course, these remedies were used one after another, as they were tried and failed. The heart was sustained with digitalis, strophanthus, glonoin and strychnine. She had hard nervous chills, which were easily controlled with hypodermics of morphine.

I never worked harder to relieve a case in my life. I early asked for a consultation, which was declined. Towards the close I insisted upon counsel, which was granted. Dr. M. being called, remarked: "I do not see how you have kept her alive so long."

The sweet, patient, lovely child, died on the seventy-third day of her illness.

I would like very much to have this case commented on. If this was not typhoid fever, what was it? I have treated typhoid fever ever since I began practice, but never saw anything like this case.

I belong to the BRIEF family.

[Written for the MEDICAL BRIEF.]
Artificial Feeding of Infants.

BY C. A. BUTTON, M. D.,
Holland, N. Y.

It is a fact that usually too little attention is given to diseases of children by the medical student, and that many physicians find themselves "at sea" when it comes to the modification of milk for infant feeding, where artificial feeding is necessary.

It has been found that infants require percentage composition varying with age and development as follows:

Fats.....	3	$\frac{1}{2}$ to 4	$\frac{1}{2}$
Sugar.....	6	$\frac{1}{2}$ to 7	$\frac{1}{2}$
Proteids.....	1	$\frac{1}{2}$ to 2	$\frac{1}{2}$
Salts.....		.20% to .20%	
Water.....		89.80% to 86.80%	

Cow's milk contains a less proportion of fats and sugar, and a greater proportion of proteids and salts than mother's milk, and is, also, lacking in alkalinity.

The proteids and salts may be reduced by adding water. This still further reduces the fats, which are normally too low in cow's milk, and sufficient cream must be used to bring it to the percentage of mother's milk. The sugar necessary for a baby to thrive on is also deficient, and must be reinforced with sugar of milk. To make it more alkaline, and to neutralize any free acid present, lime water is added. Based upon a chemical analysis of each, the following tables will modify average cow's milk to the same constituency of average mother's milk, and will meet the average infant's power of digestion.

First and second day, give only:

B Sugar of Milk.....	$\frac{1}{4}$ ounce.
Water.....	8 ounces.

M. Sig.: Warm to blood heat and give three or four teaspoonfuls every two hours when awake.

Third to seventh day:

B Cream.....	$\frac{1}{4}$ ounce.
Milk.....	3 ounces.
Water.....	9 ounces.
Lime Water.....	$\frac{1}{4}$ ounce.
Sugar of Milk.....	$\frac{1}{4}$ ounce.

M. Sig.: Give one and one-quarter ounces every two hours during the day and two feedings at night.

Second and third weeks:

B Cream.....	$\frac{1}{4}$ ounce.
Milk.....	5 ounces.
Water.....	12 ounces.
Lime Water.....	1 ounce.
Sugar of Milk.....	1 ounce.

M. Sig.: Give two ounces every two hours during the day and two feedings at night.

Fourth and fifth weeks:

B Cream.....	1 ounce.
Milk.....	8 ounces.
Water.....	16 ounces.
Lime Water.....	$1\frac{1}{4}$ ounces.
Sugar of Milk.....	$1\frac{1}{4}$ ounces.

M. Sig.: Give three ounces every two hours during the day and two feedings at night.

Sixth week to third month:

B Cream.....	$1\frac{1}{4}$ ounces.
Milk.....	12 ounces.
Water.....	20 ounces.
Lime Water.....	2 ounces.
Sugar of Milk.....	2 ounces.

M. Sig.: Begin with three and one-half ounces and gradually increase to four ounces every two and one-half hours during the day and one feeding at night.

Third and fourth months:

B. Cream.....	2	ounces.
Milk.....	16	ounces.
Water.....	20	ounces.
Lime Water.....	2	ounces.
Sugar of Milk.....	2½	ounces.

M. Sig.: Begin with four ounces and gradually increase to five ounces every three hours during the day and one feeding at night.

Fifth, sixth, seventh and eighth months:

B. Cream.....	2½	ounces.
Milk.....	18	ounces.
Water.....	20	ounces.
Lime Water.....	2	ounces.
Sugar of Milk.....	2½	ounces.

M. Sig.: Begin with five ounces and increase to seven ounces every three hours during day and no feeding at night.

Ninth, tenth, eleventh and twelfth months:

B. Cream.....	3	ounces.
Milk.....	20	ounces.
Water.....	20	ounces.
Lime Water.....	2	ounces.
Sugar of Milk.....	2½	ounces.

M. Sig.: Begin with seven ounces and increase to nine ounces every three and one-half hours during the day and no feeding at night.

After the twelfth month increase the milk and decrease the water and other ingredients gradually, until at eighteen months entire milk may be given.

Sufficient food for the day should be prepared and sterilized, by placing in a container of water, and keeping at a scalding heat, or 165° to 170° F. for fifteen or twenty minutes. Then set in a cooler, and enough for a feeding warmed to blood heat, when needed. If any is left from a feeding, throw it out, and use fresh each time. The amount of lime-water used in the foregoing tables is of the officinal strength, made by slaking four ounces lime, adding water to make eight pints, and shaking well together. Pour into bottles, let settle, and turn off the clear liquid as wanted. The writer of this is author of a book entitled, "Mother and Daughter," which discusses the subject more fully than space will admit in this article. The book also discusses the physical life of woman from childhood past the menopause. It is intended for the laity, not as a home doctor but to tell them what to do in emergencies, and induce them to seek medical aid where they now often neglect it.

The intention is to increase the physician's practice through its use, and it would be a help to any physician recommending it to his patients. Young physicians would also find some information not usually given in text books or lec-

tures, and in convenient form for reference.

The tables herein given are for the average child, and average cow's milk. They will have to be varied as either varies from the average. Colic, curds in the stools, and constipation is usually due to an excess of proteids. They can be reduced by adding more water. Colic, with eructation of gas, and green acid stools, is quite likely to be due to an excess of sugar.

Regurgitation, with diarrhea, may be due to too much fats, in which case reduce the cream. Regurgitation alone may occur on account of giving too much at a feeding, but if sour it is probably due to indigestion, and both fats and proteids may need reducing, the stools and other symptoms being considered in order to conclude which is most in excess.

Two hours is usually often enough to feed the child, the first two months, and as it grows older and takes more at a time, the intervals can be gradually lengthened. If it cries between feedings, water may be given. Many a little one suffers from thirst because it can not ask for water. Often in cases of puny infants, with feeble digestion, the feedings will have to be more often, and a less quantity given at a time.

For instance, an infant of six weeks just came under observation of the writer. It had been improperly fed, and was vomiting nearly everything given it. The nurse had a copy of "Mother and Daughter," and modified the milk to suit its power of digestion, giving two or three teaspoonfuls about every forty minutes, gradually increasing the amount, and lengthening the intervals until reaching the proper amount and time for its weight and age.

The child should never be given any solid food, or any food containing starch, until five or six months old. Ptyalin, for the digestion of starchy foods, is not secreted until about that age. At six months a little finely mashed potato, or a little bread in the modified milk may be given.

While the foregoing tables will meet most cases, the physician will often find his skill taxed to make the changes necessary by reason of milk or infants not being up to the standard.

[Written for the MEDICAL BRIEF.]
A Simple Cure for Backache.

BY D. W. WELCH, M. D.,
 Mt. Vernon, Ind.

Backache is a very painful and frequent symptom of several diseases. Whether due to lumbago, grippe or malaria, the pain is frequently excruciating, and demands relief. When due to malaria, grippe, etc., it may be readily relieved by the medication appropriate to these diseases—quinine, acetanilid comp., etc. But in the more persistent cases, as in lumbago, while waiting to find the cause, and a remedy—not always easy to do—give temporary relief, and very often complete cure, by the local application of chloroform.

Fold an ordinary towel four thicknesses, and over one-half of the towel thus folded sprinkle from four to six drachms of chloroform, and apply smoothly to the patient's back. The slight burning sensation which it occasions, rarely unpleasant in itself, will last about thirty minutes. The pain will not, usually, last so long. If, however, it persists, repeat the application.

This is a cheap, speedy, cleanly, safe and sure, temporary relief for this most annoying symptom, and frequently the relief is permanent. The agonizing backache of parturition can be relieved in the same way. Try it in one of these labor cases, and you will be gratified with the results. So will your patient.

Colic, griping, etc., can be quickly relieved by the same application to the abdomen.

The writer once lay fourteen weeks flat on his back, unable to turn over or to be turned, suffering excruciating agony with his back. I had hypodermic of morphine and inhalations of chloroform until my bowels were obstinately constipated, my mouth and throat as dry as dust, appetite utterly destroyed, and my back blistered with various liniments. I would have given a house and farm at that time for the knowledge contained in this brief paragraph.

I enclose one dollar for the BRIEF. Would not be without it.—E. N. WILHELM, M. D., Raubsville, Pa.

[Written for the MEDICAL BRIEF.]
Treatment of Typhoid Fever.

BY W. C. KEEN, M. D.,
 Burkeville, Ky.

I usually give small doses of mild chloride of mercury every one, two or three days, through the entire course of the disease, combined with subnitrate of bismuth and Dover's powder. I also give subnitrate of bismuth in large dose with small doses of quinine, and if the bowels are active, add Dover's powder to each dose, every four, six or eight hours.

I prefer to give this in elm mucilage, as I believe the mucilage has a good effect on the mucous membrane of the alimentary canal. When the patient is well under the influence of the quinine, I usually discontinue it, or give it at longer intervals. I also give teaspoonful doses of an emulsion made of spts. turpentine six drachms, powdered acacia one ounce, granulated sugar one ounce, thoroughly mixed, and add peppermint water q. s. eight ounces. Of this emulsion, I usually give one teaspoonful every six, eight or ten hours. I keep a close watch on the urinary organs, and if the turpentine is producing any irritation, I either discontinue or give at longer intervals.

If I use any of the antipyretics on account of high temperature, I always give phenacetine, though when I can have the temperature reduced with baths, I much prefer to do so. In the later part of the case, when the symptoms demand it, I frequently give strychnine or whisky, or both.

When there is marked swelling and tympanitis, I frequently apply, locally, an application composed of equal parts of sheep's tallow, spirits turpentine and beeswax, melted, and applied on a cloth with a thin piece of gauze over this to protect the skin.

I know that turpentine with the profession is almost a thing of the past, though as I have been practicing twenty-five years, and where I have been able to carry out the above treatment, I have only lost one patient from hemorrhage of the bowels.

Start the new year right. Renew your subscription.

Inquiry Department.

Pyrosis.

QUESTION:—About two years ago the patient, a travelling man, was seized, while at a hotel and just finishing a hearty meal, with an attack of gastric trouble. The doctor whom he consulted pronounced it a bad case of water-brash, an over-secretion of gastric fluids. Since then has consulted a number of doctors and tried various methods of treatment without results.

Patient is compelled to expectorate constantly and occasionally "blubbers" in talking, due to the over-action of the salivary glands. Lips are always sore, can not get them to heal up. Is constantly meeting ladies in the course of his business and at times can hardly carry on conversation owing to the accumulation of saliva.

Can you give any assistance in handling this case?

Ohio.

J. S. S. M. D.

ANSWER:—We suggest that you try:

R Tinct. Belladonnæ 2½ drachms.
Acid. Sulph. Arom. 8 drachms.
Ext. Hydrastis Can. Fl. q. s. 2 ounces.

M. Sig.: Twenty to forty drops after meals.

Arsenite of copper in minute doses, or nitrate of silver, one-sixth to one-fourth grain-doses an hour before meals, is of great benefit in many of these cases.

As a mouth wash and gargle, use:

R Potassii Chlorat 1 drachm.
Ext. Rhus Glabræ Fl. 4 drachms.
Aq. Dest. q. s. 3 ounces.

M. Sig.: Add a portion of this to an equal portion of water and use every two hours.

Meat should predominate in the diet—that is, albuminoids. Starchy and saccharine substances do not agree well. The cereals may be taken in moderation. If the patient is a heavy smoker, the amount of tobacco he uses should be reduced materially. Alcoholic beverages, tea and coffee are also bad for one in this condition. Eat slowly and chew the food well. Do not eat when tired; rest first.—
Ed.

St. Vitus' Dance.

QUESTION:—Will you kindly advise me concerning the treatment of St. Vitus' dance in the following case? Man, aged thirty, is not very strong and is a heavy smoker.

N. J.

E. E. R., M. D.

ANSWER:—If the chorea is of toxic origin due to the abuse of tobacco, the treatment will be somewhat different from that applicable to the ordinary typical case occurring sporadically.

The indications are to reduce the consumption of tobacco as rapidly as possible, and increase elimination. While the system is saturated with the depressing influences of the poisonous nicotine, treatment addressed to the disease will probably have little effect.

We would suggest hot baths, systematic rest, a nutritious and easily digested dietary, and medicinally equal parts of neurilla and compound tincture of cinchona is dessertspoonful doses four times daily.

If the blood pressure is very low, you may find fluid extract of ergot in fifteen-drop doses of benefit, or dilute nitrohydrochloric acid in ten or fifteen-drop doses in water.—
Ed.

Cod-Liver Oil Preparations.

QUESTION:—Please name a preparation of cod-liver oil containing the largest amount of iron, and oblige.

New York.

JAMES GUNNING, M. D.

ANSWER:—Manufacturers of these preparations do not usually state the exact percentage of the constituent elements in the formula, so we have no way of arriving at the information desired by you. There are a number of these preparations in the market, most of them excellent, and all of them containing some iron. The manufacturer in each case will be glad to furnish you literature and information concerning his preparation.—
Ed.

Neglected Cold.

QUESTION:—Young man, aged twenty-two years, contracted a severe cold on the chest some weeks ago, which was neglected. As a consequence has become very weak and feeble, lost thirty pounds. Raises a little blood at every paroxysm of coughing. No fever. Little appetite. Sleeps well at night. Fears consumption, as he lost an uncle with this disease. Some infiltration of the lungs. What treatment would you recommend for him?

Ohio.

T. C., M. D.

ANSWER:—Would give him teaspoonful doses of Fellows' syrup of the hypophosphites, also extract of malt. To aid in clearing up the lung, three-grain doses of ammonium iodide, with twenty drops each fluid extract of yerba santa and wild cherry bark. It is possible the blood comes from the throat.

Feed him nourishing, digestible and appetizing food in small quantities. Encourage him freely. The absence of fever, of circulatory excitement, the fact that he sleeps well are all good signs. With tonic treatment, good nutrition and encouragement, he should soon regain his normal condition.

If the cough is very annoying, deep inhalations of medicated air are beneficial—equal parts menthol, eucalyptol and listerine, dropped on gauze, is a satisfactory combination.—Ed.

Choreiform Movements.

QUESTION:—What treatment would you advise for the following case?

Married lady, aged forty-four years, has been troubled for past three years with nervous attacks when excited or worried, affecting her frequently as follows: Feels as though all the blood rushed to the head, can not prevent the head from shaking (vertically). The more she tries to control the head the worse it shakes. Can not sit in any public place or meeting without these sensations. Sometimes if hand is pressed on spine near the atlas and axis vertebrae, shaking is controlled to some extent. Has consulted a number of physicians, but none of them have been able to do anything for her. What can you do?

Paterson, N. J.

SUBSCRIBER.

ANSWER:—We recommend that you flush the bowels with epsom salts twice a week. That you regulate her diet, which should be simple and easily digested. That you urge upon her the necessity of controlling the emotions as far as possible, and avoiding everything likely to create confusion, haste, worry, strain of any sort. Put her on the following combination: Fluid extract of ergot and tincture cimicifuga, of each fifteen drops; neurilla, one drachm; one dose, to be repeated three times daily.

Would advise some sort of support to the back of the neck, a splint, strapping or bandaging. Whatever device you may employ, it should be comfortable.—Ed.

Testicular Neuralgia.

QUESTION:—Man, aged twenty-seven years, married, is troubled with occasional nocturnal emissions which completely incapacitate him for attending to his business for several days thereafter on account of pain and weakness.

On these occasions he wakes up the next morning with a dull, heavy, aching pain in the right testicle—why the right always I am unable to explain—continuing until it assumes

a neuralgic form, which runs along the course of the cord, posterior to the right kidney. It will continue excruciatingly until relieved by medical aid. Intercourse is followed by no such after-effects.

Can, and will, any kind medical brother, who has been a close observer of human nature, give me, through the columns of the *BRIEF*, a correct diagnosis of this case? I have tried hot local applications and liniments with only comparatively palliative effect. The internal treatment consisted of tinct. capsicum, tinct. opium, spts. camphor, spts. ether. comp., papline, bromidia, and as a last resort to a hypodermic injection of a grain of morphine. On several occasions it was necessary to repeat the hypodermic.

Pa.

A. R., M. D.

ANSWER:—A few drops of gualacol applied over the seat of pain is useful in alleviating pain. Also a paste of powdered opium applied over the testicle at the onset will often completely control it.

We suggest that you put this patient on sanmetto, adding three to five drops of Lloyd's macrotys to each teaspoonful of sanmetto, and give this dose three times daily for some time. You will find that this medication has a very invigorating effect on the whole reproductive system. The testicle should be supported, not allowed to drag.—Ed.

Neurasthenia.

QUESTION:—Man, aged forty-five years, complains of numbness and tingling sensations in the limbs, gets angry on slight provocation, suffers from headache a good deal. Sleep is restless and broken. Digestion not so good. Hesitates in his speech and forgets what he starts out to do. Is sleepy during the day and wide awake when night comes. He fears he will lose his mind or have a stroke of paralysis. This patient is a business man, ambitious and a hard worker. Has no bad habits, except of late has gotten in the way of taking a drink of whisky to brace him up.

Give diagnosis and treatment and oblige.

Mo.

PRACTITIONER.

ANSWER:—The time has come for this man to take a vacation. Let him leave worry and responsibility behind him, and get clean out of the ruts. Why did you not send him to St. Louis? The World's Fair would have made a new man out of him. He should not use his mind in any serious way, and get as much open-air diversion as possible. He should occupy his time in a very different manner from his usual life. He will not need much medicine if he has this change, and without it medicine will not do him much

good, but you can give him a teaspoonful of celerina every three hours to good advantage. It will benefit the numb sensations, headaches, etc., and is a very fine remedy in neurasthenia. Would also suggest the use of a saline laxative two or three times a week.—ED.

Chorea.

QUESTION:—Would like some suggestions in the treatment of a case of chorea. Patient a girl of ten years. Heredity good. Several brothers and sisters, all in good health. Child has been removed from school at my suggestion. Have tried arsenic in ascending doses and salicylate of soda, but without any good results to speak of. Her general health seems to be good. Good color and appetite, digestion fair, but no control over muscular system.

III.

T. S. G., M. D.

ANSWER:—Remove all sources of reflex irritation, if any are present, such as worms, solitary vice, hyper-acid urine, etc., and regulate diet. For calming the irritable nerve centers, you will find neurilla invaluable, alone, in teaspoonful doses every three hours, or in combination with ergot and cimicifuga, fifteen drops each, of a good fluid extract. An iron tonic is sometimes indicated, in which case, Tilden's hydrocyanate of iron tablets, one three times daily, gives every satisfaction.

If the muscular jerkings are so pronounced as to interfere with sleep, give a hot bath just before retiring, and a small dose of bromidia—twenty to thirty drops, which may be repeated as indicated.

These cases require to be managed with great kindness and wisdom. The good effects of treatment are counteracted to a great extent by improper care. Isolation and systematic rest are essential with many. All strain is to be avoided.—ED.

Rheumatism.

QUESTION:—Some two weeks ago my wife suddenly experienced a prickling sensation, a numbness in the end of third finger of right hand. The finger is bent as far as the first joint and has become gradually inflamed, including the first and second joints, with occasional pains extending through the muscles on the under side of the arm up to the elbow. The finger is easily straightened, but she has no power to open it. Sometimes there are severe pains through the first joint of the finger. Patient has no knowledge of having received any injury to the finger.

Kindly diagnose this case and give remedy for same, and oblige.

Ohio.

F. B. G., M. D.

ANSWER:—The trouble seems to be of rheumatic or gouty origin. We would suggest that you put her on the following:

R Lloyd's Macrotys 4 drachms.
Celerina....q. s. ad.....8 ounces.

M. Sig.: One to two teaspoonfuls four times daily.

If any other preparation of macrotys is used the dose should be increased to ten or fifteen drops to the teaspoonful of celerina.

Apply a strip of Benson's capsicine plaster six inches long, beginning at the nape of neck and extending down.

Give a saline laxative twice a week, and avoid indigestible articles of food, and give the right hand and arm entire rest.—ED.

Irritable Heart.

QUESTION:—Lady, aged forty years, suffers from alarming attacks of palpitation, associated with hysterical symptoms. These spells are increasing in frequency. Heretofore hypodermics of morphia and atropia have been used to quiet her. What treatment would you advise to reduce the susceptibility to attacks? Her heart is apparently sound. Nutrition fair. Constipation alternating with diarrhea, thirst and a large flow of pale urine, which, however, contains no albumen nor sugar. Any suggestion will be appreciated in this case.

Md.

R. P., M. D.

ANSWER:—Would give her fifteen to thirty drops of fluid extract rhus aromatica, with one or two cactina pillets, four times a day. Regulate her diet, and give an occasional saline laxative. If she is overworked, lighten her duties, and prescribe more rest, especially lying down for short intervals. If she leads an idle life, insist on regular outdoor exercise, and get her to adopt a hobby of some sort. She should also strive in every way for emotional control.

Are the reproductive organs in health? The increase of this trouble may be due to the approaching climacteric. Neurilla is of much value in irritable states of the nerve centers. The flushing of the bowels with a saline is often efficacious in averting a nerve storm of toxic origin; therefore, we suggest a purgative dose of magnesium citrate at the onset of each attack.—ED.

Hirsuties.

QUESTION:—Can you give me a remedy which will remove superfluous hair, roots and all? A lady patient of mine has a tuft of long, coarse black hair growing just under the chin on the right side. The ordinary depilatory will remove the hair, but it soon returns.

Mich.

T. L., M. D.

ANSWER:—We suggest that you try the ethylate of soda, a fifty per cent solution in absolute alcohol. First clip the hairs short, protect the adjacent tissues with cerate ointment, and apply the soda solution to the roots with a glass rod. The application is followed by a crust, which should be left alone for a couple of weeks or more. The roots are usually destroyed by this process. If not, it can be repeated as soon as the skin will bear it.

To prevent pain use a five per cent solution of cocaine before making the application. Ethylate of soda can also be used to remove moles, small birthmarks, powder stains if not too extensive, etc.—Ed.

Nervines.

QUESTION:—Do you know of a good nervine, one which does not constipate the bowels? What about neurilla? Would you advise this preparation for a case in whom the tendons of the legs draw and jerk?

Texas.

Mrs. L. M. L., M. D.

ANSWER:—Neurilla is unexcelled as a calmate. If the trouble to which you refer is of a purely nervous character, undoubtedly neurilla will prove beneficial. If, however, there are inflammatory deposits, adhesions, etc., the hot air bath, massage, Swedish movements, electricity, alterative medication, are indicated. Neurilla is free from any tendency to produce constipation. If you employ it in this case, we suggest that you combine it with chionia, two parts neurilla to one part of chionia, and give teaspoonful of the mixture after meals.—Ed.

Information Wanted.

QUESTION:—Kindly oblige me with the following information, if at your command:

1. What medicines are used to dissolve cataract?

2. What medicines are used by the "advertiser" in the supposed cure of varicose veins?

KURTZ ADDY, M. D.

Perryopolis, Pa.

ANSWER:—1. *Cineraria maritima* has been used for this purpose, we believe.

We have had no experience with it, and do not know much about it. Thiosinamine is credibly reported to have given good results. The dose for internal administration is about one grain, for hypodermic injection proportionately less. Perhaps some of our readers can give you more detailed information on this subject.

2. We do not know.—Ed.

Floating Kidneys.

QUESTION:—A Pennsylvania correspondent desires to hear from those who know anything about the beneficial effects of operation to anchor floating kidneys and whether double floating kidney is as rare as commonly supposed. The patient, a woman, has suffered from uterine trouble and hip-joint disease. Is she a suitable subject for operation? Same has been advised by two very able physicians after considerable hesitation. The patient is a professional nurse.

What is the cause of these displacements of the kidney?

The advice of "Old Doc" is especially solicited in this case.

S. E. S., M. D.

[Written for the MEDICAL BRIEF.]

Oil of Hyssop.

C. R. KING, M. D.,
Atlanta, Ga.

Will the Editor and readers of the BRIEF kindly tell me of the oil of hyssop, its uses, the dose and result of their experience with it. I am interested in its therapeutic value from what little I have read of it.

I enclose one dollar for my annual subscription to the MEDICAL BRIEF. I want to express my appreciation, not alone of the BRIEF, but of your part of it as an individual, of the able articles from your pen, teaching individualism without fear, prejudice, malice, etc. I want to endorse and to congratulate you on what you have to say to us doctors. It will bring freedom, liberty, enjoyment, and success in life to us, and is most helpful to our patrons and mankind in general. It means "peace on earth, good-will (demonstrate) to men."—W. H. FEURT, M. D., Proctorville, Ohio.

INDEX, MARCH, 1903.

PAGE.	PAGE.	PAGE.
A Plea to the General Practitioner in Behalf of All Those Suffering From Hypertrophy of the Prostate..... 214	Ethics, A Curious Idea of. 198	Roentgeno-Therapy..... 232
Abortion, Pathological Conditions of Mother or Fetus, Warranting the Induction of..... 222	Faddists 250	Sprains, On the Treatment of..... 219
Book Notices..... 269	Forewarned 265	Success and Optimism... 198
Burns 238	Gall Stones..... 196	Surgery, Modern, A Brief History of..... 257
Can Not Understand Him. 201	Halitosis, Bad Breath.... 254	Syphilis 265
Cancer of the Breast, Case of, Treated Successfully by Medicine..... 248	How Do You Like It?.... 198	Teach Us How to Think.. 246
Causes 249	In Old Roseau—An Idyl of the Caribbean..... 241	The American Doctor.... 196
Cholagogues, The Therapy of 261	Intellectual Progress.... 236	The Late Dr. C. D. F. Phillips 195
Chloriasis, Asthma, Emphysema of the Lungs, The Therapeutic Effect of Carbonic Acid Gas in. 202	La Grippe..... 267	The Only Danger..... 193
Cigarette Smoking..... 199	Labor, Cystic Tumor Complicating 268	The Physician vs. The Bacteriologist 234
Constipation, Chronic, Its Treatment 265	Marriage and Divorce.... 217	The Pretender..... 197
Diagnosis, Deficient..... 224	Mr. Heron-Allen's Contribution to Medicine.. 266	"Tuberculosis, Pulmonary, The Dangers of the Microscope in the Early Diagnosis of"..... 227
Diet 266	Necrosed Bone of Head, Case of..... 253	Tuberculosis, Warfare on—Lung Excretion and Fermentation as Related to Tuberculosis—The Body Heat and Force—Fat Foods in Their Maintenance for the Prevention of Tuberculosis 228
Diphtheria, Treatment of. 263	Nightmares 197	Why People Grow Deaf.. 212
Editorial 193	Orders All Beards Cut Off 200	Why the Brier Attracts Attention 194
Elimination 262	Organized Schemes..... 199	Wood Alcohol..... 195
Epistaxis, Its Causation and Treatment..... 208	Paris Hospitals and Post Graduate Work in Paris 205	
	Pneumonia, Is Drug Treatment Useless in?..... 256	
	Pneumonia Not Necessarily Fatal..... 251	
	Preventive Medicine..... 248	
	Railway Surgery..... 228	
	Rectal Examinations, Concerning 221	
	Reminiscent Chats..... 201	

BATTLE & CO., Chemists,
ST. LOUIS, MO.:

I have used Ecthol in a certain number of cases of carbuncles, boils, varicose ulcers, etc., and have noticed that it is specially efficacious in the treatment of sluggish wounds that follow severe accidents in patients, who are in poor condition or reduced by previous illness. After two or three applications these wounds, grey and without reaction, clean up, granulate, and heal in a short time. The quantity placed at my disposal has not enabled me to test it on a large scale, nor to use it internally; nevertheless the cases in which I have tried it have shown me that it is a valuable therapeutic agent in treating wounds that are slow to heal.

DR. LENEZ.

Oran, Algiers.

BATTLE & CO., Chemists,
ST. LOUIS, MO.:

I give Papine whenever morphine is indicated and find it causes less headache, less constipation, and interferes less with the normal secretions of the body, than morphine or opium.

J. E. BROCK, M. D.

Vernon, Fla.



CHARLES D. F. PHILLIPS,
M. D., LL. D. (Aberd.), LL. D. (Edin.), F. R. S. (Edin.), F. R. C. S. (Edin.), of London.



Oscar F. Barrons M.D. Ph. G.

Professor of Laryngology, Rhinology and Otology
in St. Louis College of Physicians and Surgeons;
Laryngologist to Jefferson Hospital; Editor
Medical Mirror; Department Editor of St. Louis
Clinique, Etc. St. Louis, Mo.

THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
OF ANY MEDICAL JOURNAL IN THE WORLD

J. J. LAWRENCE, A. M., M. D.,
Editor and Proprietor

Terms, \$1.00 a Year, in Advance
SINGLE COPIES, 10 CENTS

Foreign Subscriptions (Postal Union), 7s. 6d.

NINTH AND OLIVE STREETS
ST. LOUIS

ASTOR COURT BUILDING
NEW YORK

Foreign Office: Auckland House, Basinghall Ave.,
London, E. C., Eng.

VOL. XXXIII.

ST. LOUIS, MO., MARCH, 1905.

No. 3.

Editorial.

The Only Danger.

Self-reliance is the vital essence of a republican form of government. The only danger under which this country labors of losing free government—government of individuals as first formed, is from organizations. All organizations, except those for purely social purposes, *all organizations which try to control the beliefs and practices, to rule the conduct of individuals, are conspiracies against every one of their members.* Each such member is expected to surrender his mental liberty to the rule of the majority, and if he does so, he ceases to be a man in the true sense of the term.

If you would be a man, not a flunkey, do not put on the degrading livery of mental slavery which organizations keep for their members. Nothing can console you for the pain and shame which the starvation and atrophy of your faculties must cause you. Do not be afraid to be called

a nonconformist. The term has lost its stigma and become the greatest compliment any man can receive. The self-reliant man is always a nonconformist, and he is a man that people trust and believe in. The man who is true, who has merit, must have his own opinions, must speak his own mind, and live his own life. People know this, and judge accordingly.

A man is not like a newspaper, of which thousands may be printed from one press. We want no stereotyped machine-made men, echoes of an organization policy. We want the honest convictions of men who do their own thinking, even if they contradict themselves from time to time. We can not always see truth from the same angle, and no honest man need fear to be charged with inconsistency, that bugbear of small minds.

The organization in all cases pauperizes its members. They must not rely upon themselves, but take a rule of life from the organization with which to measure and meet every situation which may arise. Thought and action must be deferred until the authorities can be consulted. Why study and experiment, why search into the

mysteries of things, why rack the brain for appropriate methods, new ideas and ingenious devices if the rule of majorities or the dictation of authority only can decide what may be done?

Self-reliance is the salt of life which seasons all things and makes them good. *The man who has been trained to self-reliance is the only free man, the only happy man, the only successful man.* Whatever reverses or misfortunes may overtake him he has the fortitude to meet them, the strength and habit of mind to get on his feet and recover lost ground.

America will never suffer so long as her sons are accustomed to look to themselves for a solution of all life's difficulties and problems. But more and more the organization is striving to get hold of the individual, to crush out independence of thought and action, and make all conform to one standard. If the organizations succeed, there will be a new era of the Dark Ages. All progress, all amelioration of man's condition has been accomplished by the individual. Generations of the organized tyranny of Church and State led at last to a government formed for individuals, guaranteeing individual rights. *And now the organization is seeking in various forms to re-establish its tyranny.*

Be not afraid nor ashamed to be called a nonconformist. It simply means that you have mind enough to do your own thinking, and courage enough to act as you think right. If you are not a weak and fearful man, why should you be ridiculed or terrorized into giving up your independence because others think they know what you should do better than you can? Why should you be either flattered or coerced into yielding to their selfish presumption?

No intelligent layman would want a doctor who was afraid to rely upon himself. Why should the doctor, why should any man call another master? Whom would Shakespeare call master? Stand by your principles, defend your rights, whatever comes of it. Nothing else in this world can bring you satisfaction in life.

Great men, through some accident, may be found in organizations, *but they will never be controlled by organization rules.*

Why the "Brief" Attracts Attention.

Think a moment. If the MEDICAL BRIEF were an obscure, unknown journal, nothing would be said about it. It is because it is the best known and most successful of all medical journals that it attracts so much attention. Naturally this attention is of two kinds. Success makes enemies as well as friends. There are always envious and jealous people, those who love to criticize and find fault. Many people find that they can bring themselves into prominence, *and shine in a reflected light* by attacking and criticizing those *more prosperous and successful than themselves.*

A competitor who is comparatively unknown can advertise himself widely if he can only succeed in drawing *his big rival* into a controversy, because he gets the advantage of the other man's wider reputation and higher standing.

In an affair of this kind the obscure, little-known man has all to gain and nothing to lose. The successful man, on the contrary, has all to lose and nothing to gain in stooping to a wordy war.

There is no necessity for the BRIEF to say that it is or is not thus and so. Let every man examine a copy and see for himself what it is. An intelligent man is certainly able to judge for himself as to whether the things said about it are true or false. Whatever may be said of the Editor, no one has ever said that he is not a good business man, and what good business man would give a competitor free advertising?

The BRIEF is all the time increasing in circulation and advertising matter. There is no necessity why it should go out of the way to propitiate the doctor who can not trust his own judgment in the selection of a medical journal. The BRIEF desires to stand upon a purely merit basis, to have the doctor choose it because it is of practical use to him. We make a good journal and we know it. We ascribe our great and growing success to the fact that we have deserved it, and that being the case there is no need for any pretense or professions in the matter.

It is gratuitous trying to explain misstatements. The truth is absolutely certain to transpire. People always find out in the end whether what is said is true or false.

Wood Alcohol.

Some seven or eight years ago, cheap, deodorized wood alcohol was placed on the market. This article is untaxed, and sells at fifty cents per gallon, while grain alcohol is heavily taxed, and retails at \$2.60 per gallon. Under these circumstances, and notwithstanding the well-established poisonous character of wood alcohol, it is employed to a considerable extent as a substitute for alcohol made from grain.

Wood alcohol is used not only in the arts and in preparations for external use, but to adulterate and cheapen alcoholic beverages, by unscrupulous persons in the preparation of commercial medicines—substitutes and imitations—in various food products such as flavoring essences, etc.

Unfortunately it is not easy to detect the deodorized wood spirit until too late to prevent its poisonous action. Eye specialists are agreed that many cases of blindness are due to the unwitting use of wood alcohol, either in liquors, medicines, or by the use of liniments.

Poisoning from wood alcohol may manifest itself acutely, or its effects may be delayed. The coma which follows its use continues for a much longer time. It appears to act more slowly through a sort of cumulative action, and the resulting intoxication is more prolonged. Wood alcohol is not completely oxidized in the system as is grain alcohol; its use results in the formation of the poisonous formic acid, which is very slowly eliminated.

Researches into the subject reveal that fully two hundred deaths have been caused by the use of preparations containing wood alcohol, and an equal number of persons have been made blind by the same agency.

We must also bear in mind that many cases of fatality from wood alcohol doubtless go unrecorded, owing to the fact that physicians in general are unfamiliar with the symptoms of poisoning by wood spirit.

In diagnosing such a case, it is well to remember that the force of the poison is spent on the eye. When the patient escapes death, he is almost certain to go blind.

In view of the poisonous nature of wood alcohol, the difficulty of detecting it, its cheapness, and the consequent temptation

to unscrupulous persons to substitute it for grain alcohol in the manufacture of various commercial preparations of food and medicine, it will be well for the doctor to caution his patient as to the dangers of buying cheap flavoring extracts or spirituous beverages, and the importance of patronizing only druggists whose reputations have never been stained by the accusation of substitution. He will also do well to remember, himself, the importance of prescribing only standard ethpharmal preparations. Another thing. When ordering an alcoholic rub, a liniment, hair tonic, or other preparation, in which alcohol is to be used, take the trouble to specify grain alcohol as an extra precaution.

As a matter of public policy, the excessive tax on grain alcohol should be reduced to a nominal figure, or the tax on wood alcohol should be increased to same as that on grain alcohol, thus diminishing the temptation constantly before the ignorant and mercenary to play with danger.

The Late Dr. C. D. F. Phillips.

It is with much regret that we record the death, at the age of seventy-four, of one of the most valued of our British contributors to the MEDICAL BRIEF, Dr. Charles Douglas Fergusson Phillips, of London. Dr. Phillips graduated in 1852, and was M. D. (Aber.); LL. D. (Edin.); LL. D. (Aber.); F. R. C. S. Ed.; F. R. S. Ed.; M. R. C. P. (Lond.); Honorary Fellow of the Medico-Chirurgical College of Philadelphia, and Honorary Fellow of the Academy of Science of the United States of America. He was an authority on the pharmacological action of drugs, and was for some years Lecturer on *Materia Medica* and *Therapeutics* at the Westminster Hospital, London, subsequently serving as Examiner in these subjects, first in the University of Edinburgh, then in the University of Glasgow, and quite recently in the University of Aberdeen. He was the author of a well-known work in three volumes on "*Materia Medica and Therapeutics*," the third edition of the first volume of which appeared only a few months ago.

He was most successful in practice, and in one year received in fees £21,000, or

over \$100,000. He was a man of wide sympathies, and had many friends. Only a short time before his death he was invited to represent the Universities of Glasgow and Aberdeen in the British Parliament, an honor which, however, he felt compelled to decline. He took a keen interest in the success of the *MEDICAL BRIEF*, to which he contributed many papers, amongst the most notable of which were "Oxygen, Ozone and Compressed Air" (1902), "The Pharmacological Action of Mercury" (1903), "Lime," and "Barium" (1903).

Dr. Phillips, at the time of his death, had in preparation several articles for the *MEDICAL BRIEF*, selections from which we hope to publish as opportunity serves.

Gall Stones.

Regulate diet with special avoidance of made dishes and excess of sweets. Keep bowels soluble and free of means of salines and cholagogues. Use hot air baths. Recommend abundance of fresh air exercise. Let alcoholics alone. Give pure olive oil in teaspoonful doses three times daily on an empty stomach.

Let the patient drink Vichy to the exclusion of other table waters.

The succinate of sodium is well spoken of in this connection. We have had no personal experience with it.

The American Doctor.

It is a well-known fact that the people of continental Europe do not understand the American doctor. How should they, when they have always existed in the shadow of authority? They can not comprehend why he will not be led, why he will not follow along in the procession after the manner of the European doctor. It is a great puzzle to them.

It might also be said to puzzle some other people why the American doctor will not be led around by the nose. To their way of thinking, it is extremely irregular, unconventional, and in bad taste, for him to insist upon preserving his independence in the way he does.

There is something peculiar about the American, anyway. Did you ever think about it? He likes to shave himself and to wait on himself; does not care to own

things in common with other people, and by the same token keeps his hands off their belongings; likes to mind his own business, and has a partiality for speaking the truth.

He has the same objection to taking his opinions second-hand that he would to wearing someone else's clothing.

Of course, in the labor unions, where the men are not so intelligent, and where there is a large percentage of foreigners, it is easier to control them by playing on their prejudices and dogged devotion to an idea, but the average American doctor is an educated, liberal and broad-minded man, capable of doing his own thinking in all matters, political, religious and medical. As an intelligent man, able to think and reason clearly, he makes a poor follower. As a man carrying heavy responsibilities, the independent stand is best for him. He can see this as well as the next one. An organization which compels him to give up the right to think and act independently has nothing to offer him. There is no other calling in which energy and ability, acting independently, can reap such large rewards proportionately, both financial and professional.

The medical politician has the ambition without the ability. His best chance lies in organizing and controlling the men of merit who are better off without him. On the continent of Europe, where men have been trained to an ages-long servile deference to authority, organization is the rule. Court endorsement of a fad may be sufficient to make it binding on the profession. The individual has little chance to be heard. Individual observation and experience, which constitute the main elements of progress, do not thrive in the atmosphere of organizations. Medicine on the continent has degenerated into speculation and fads.

Here, in America, where independence of thought and action still exists, where there are medical journals whose pages are open to any man who has something to say, medicine is making progress, and the future is bright. These conditions are a great compliment, not only to the sturdy character of the American doctor, but to the wisdom and foresight of the founders of the American Republic, to Washington, Jefferson, and others of our great men,

who believed that an intelligent man could be trusted to preserve the liberty bequeathed to him.

The spirit of our forefathers still dwells in us. The spirit of 76 is by no means dead. When the iron hand of organization, which had its inception in the days of brigandage, would lay itself on our liberties, it leaps up, as strong to resist tyranny as it ever was. None but the ignorant, the undeveloped, can be successfully ruled by an organization. When it is attempted to govern an educated, intelligent man like the doctor, *he invariably kicks*. It is his unalterable determination to preserve inviolate to his children and his children's children the liberty so dearly bought by the founders of this government.

Nightmares.

A nightmare is a very vivid dream, attended by sensations of fear, horror, suffocation, deadly peril. It is, as a rule, caused by indigestion, imperfect ventilation of the room, anything which threatens the physical well-being, or stimulates the nervous system, especially in a perverted way. Some drugs have this power, particularly in overdose.

The best way to avoid nightmares is to eat a light supper, spend the evening in agreeable occupation, not too exciting, and retire at a reasonable hour. See that the sleeping room is cool and well-ventilated. Persons subject to nightmare should not sleep on the back, but on the right side, should take daily outdoor exercise, and seek to avoid all that is morbid in life as far as possible.

If they still persist, there is an idiosyncrasy of the nervous system, and a calmarative is indicated.

The Pretender.

Certain persons, with the excuse of benefiting the profession, are asking the manufacturers of successful remedies to give the details of their business. It is claimed that this is done to elevate the profession; the real object is to secure details of the methods and processes by which reliable preparations, preparations which have stood the test of time, are

made so that they can manufacture substitutes.

Ethics is simply a cloak to cover the real motive. A child can see through such a pretense of disinterestedness. The manufacturer of an ethpharmal remedy never withholds from the doctor any information which he needs to use the remedy intelligently. The doctor knows what it is made from, its medical properties, indications and strength. That is all that it concerns the doctor to know. The exact details of each step in the process of manufacture are of importance only to the manufacturer or to those who may wish to pirate his knowledge, to steal from him the profits of his labors.

The manufacturer who tries to meet this demand is simply a fool, for it is certain to lead to still further encroachments. It is enough for the manufacturer to give the names of the plants from which his remedy is prepared. If anyone wants to know any more, let him go into the business himself. Those who claim that ethics require a man to give away a process which represents the expenditure of thousands of dollars, and years of effort, are simply trying to exact information they are unwilling to pay for.

The ethics of a remedy are determined by its intrinsic value. If the doctor finds it useful, and always reliable, in treating disease, it is ethical all right, and the doctor is the best judge of what he shall or shall not use.

The political doctor, the man who can not succeed in practice, is always interfering, making absurd and unfair demands upon the manufacturing chemist in the name of the profession when the profession neither knows nor cares anything about the issue involved. All that concerns the practitioner, the man who heals the sick, is that he shall have good medicines, remedies on which he can rely.

Manufacturers should stand up for themselves against the charlatans who want to acquire and profit by special knowledge without incurring the labor and expense.

The proposition made by certain medical journals that if the manufacturer will lay the information before a committee it will be kept secret, is unbusinesslike, not to say silly. Why trust the com-

mittee any more than anybody else. This reminds us of two men who were making a bet. One of them said, "But who will hold the money?" A bystander said, "I'll hold the money." "But," objected the bettors, "who will hold you?"

The manufacturer is asked to give his process, under a promise of secrecy, but who is to hold those to whom it is confided?

Always beware of the pretender. Under no circumstances give way to his demand.

A Curious Idea of Ethics.

There are certain medical journals in this country—if you keep your eyes open you will discover them—which have a most peculiar idea of ethics. Their idea seems to be that all remedies which do not advertise with them are unethical, and are to be slurred in some way. But the moment an advertisement of one of these remedies appears in their pages, it apparently becomes ethical, for there are no more knocks.

Most people would call this sort of thing blackmail, and no one should advertise in a journal which would adopt such base methods of doing business.

Fancy the state of a man having an advertisement in such a journal, which does not pay him, yet afraid to go out lest his product be held up to ridicule as a consequence.

Few Americans will submit to this sort of thing. We must say that neither the English nor the Americans are the kind to sit down tamely and be "held up." It is a good thing for liberty that there is one great race which will not let itself be wronged without reason or reprisal.

How Do You Like It?

Only thirty-one out of one hundred and thirty-nine prescriptions honestly filled.

CHICAGO, December 6.

Out of one hundred and thirty-nine decoy prescriptions sent out by the State Board of Pharmacy to Chicago druggists to be filled, twenty-three contained no trace of the drug called for, sixty-six were eighty per cent impure, ten twenty per cent impure, and only thirty-one were pure.—*New York Daily World*, December, 7, 1904.

Notwithstanding the above report, there is a certain class of physicians who howl when the doctor prescribes preparations in

their original package, to avoid substitution.

The above is still another reason why the doctor should do as he pleases, and why he should study the particular druggist to whom he sends his prescriptions.

Another thing. While there are dishonest druggists, just as there are dishonest doctors, or dishonest anybody else, there is no reason why the whole class should be abused, and rest under unjust suspicion because of a few substitutors. The honest men in every trade or profession should protect themselves by combining against the dishonest few, that it may be known just how many and who they are.

Much more practical good can be done for the profession and for suffering humanity by the doctor's looking out for and exposing the substitutor, than all the bosh about ethics, all the talks about the benefits of organization control, will ever accomplish. Look out for the material interests of yourself and your patients. See that they get exactly what you prescribe for them, and not some substitute made up with wood alcohol. In other words, the Editor of this journal believes that the doctor should be practical, and look at things as they are.

Success and Optimism.

The successful man is invariably an optimist, not altogether because of his success, for that means heavy responsibility, but because hope, faith, self-confidence and self-reliance have bred the quality in him. Unless a man be an optimist he can not accomplish much in the world, because the conditions are against him. *The man who is always busy denouncing and abusing people and things lives in a cloud of moral dust of his own raising.* He can never see the opportunities which are constantly presenting themselves to the optimist.

The Editor of the BRIEF has always been an optimist, and to that fact he attributes much of his success—that and a definite aim, a persistent industry.

Success follows close attention to business, provided that business is pursued along legitimate lines. *No man can build himself up by pulling another down. He must add something of real value to the world.*

The physician is beginning to appreciate the value of optimism, and the necessity of close attention to his own business. He is beginning to see that abstract issues have consumed too much of his time and thought. The responsibility of his position is coming home to the doctor in a way that makes him anxious to get out of the ruts, *to cast loose from authority*, to investigate for himself, and know all that has been done and is being done, and to be free to select what he believes to be best for each individual case.

Therapeutics has begun to assume the proportions of a science, thanks to the painstaking efforts of manufacturing chemists in giving us stable medicinal agents of uniform strength, and a fine optimism has sprung up among practitioners with its development.

Therapeutics has enemies in the men, who, for the sake of their commercial interests, would restrict the doctor to the use of a single class of preparations instead of letting all rest upon their merits. With this end in view, ethical considerations and the doctor's prejudices have been twisted and turned in every possible way. The doctor is the only man who can decide truly in regard to the merits of medicines, and in common fairness he should be allowed to do it.

It is a mistake to tell the doctor he is unethical or ignorant if he uses certain preparations. The doctor is an intelligent man, and will investigate for himself. Moreover, if a certain remedy serves him well, he will go on using it, no matter what anybody says about it. As for ethics, the doctor is wise enough to see that all truth and honor begin and end in "Doing unto others as we would have them do unto us." All the rest is Phariseism. The man who keeps faith with his fellow men has no need to defend his acts.

The MEDICAL BRIEF can not accept any dictation as to its policy. In the nature of things an enterprise must be left free to pursue the methods which seem best to it. Its reading pages are full of meat, its advertisements are high-class, its columns will always be open to the expression of anything which possesses merit or value.

The optimist is never a narrow sectarian; he sees good in everything. He wears no collar, is not blindly loyal, nor

virulently abusive. The world is his hunting ground, liberty and knowledge his watchwords.

Cigarette Smoking.

Very few people are aware how much harm is done to young men by the almost universal habit of cigarette smoking. The man who smokes cigarettes has one always in his mouth, and is continually inhaling nicotine until the system is saturated with the poison.

The result of this practice is a catarrhal condition of the nose, throat and bronchi, a disordered and very irritable state of the nerves, a weak and rapid action of the heart and indigestion.

Thin, anemic, weak, with clammy hands stained with nicotine poison, unstrung nerves and degenerated muscles, the youth of the land go on ignorantly suffering the consequences of a pernicious habit until attacks of heart trouble, nervous prostration, melancholia, etc., bring their condition to the attention of the physician.

If a man must smoke—and we admit the charm of the habit to those who have become accustomed to its soothing influences—let him choose a mild cigar, and have certain set times for indulging. If he puts a certain restraint upon himself from the start in the matter of smoking, he will not overdo it, and there are few men who can smoke more than three cigars a day without injury.

It goes without saying that never under any circumstances should the smoke be inhaled.

Organized Schemes.

At this age of the world one is struck with the great number of organized schemes against the individual. There seems to be a mania in every department of life to organize schemes against him. And always, in every case, the reason advanced is to elevate the particular profession or business, to benefit its members. But if you take the trouble to go to the bottom of things, you will find that about the only people benefited are some one or two prime movers, who are using the organization to further their own purposes.

Fortunately people are beginning to find this out. This is particularly true of

the doctor. It is the educated and intelligent man, in almost all cases, who fails to join an organization; or if he does join, when the time comes that it is sought to use him, *halts and wants to know why*.

Even the most unthinking doctor must realize that abstract ethics and blind obedience do not help him to make a reputation or to cure his patients. He has to work out his own salvation and that of his patients who trust him, through self-reliance and the cultivation of his own faculties in the school of liberty and individual responsibility. The organization does not propose to assume his responsibility merely to curtail his liberty, yet freedom is the condition of progress and growth.

What do you think about it, doctor? Is it a fair proposition, a business proposition? A medical organization proposes to elevate the profession in some indefinite, intangible way. Who is to set the standards? A few men who constitute themselves authorities and hand down your opinions and remedies to you without any knowledge of the circumstances in each case, on the assumption that you are unable to think and judge for yourself. And if you do not comply with the rules and regulations laid down for your government, you will be punished by ostracism, a weapon you have helped to place in the hands of the governing few.

As to the claim of superior knowledge possessed by the few, stop and review the great number of fads which have come and gone during the century past. Hunt up some of the articles written by their sponsors and advocates, and note the tone of dogmatism which runs through them all. Do you want to see monarchical ideas grafted on medicine?

Did you ever stop to ask yourself why American doctors are in the very van of medical progress? If you have, and if you know anything about the history of medicine, you must realize that it is all owing to the liberty which the American doctor has enjoyed.

The American doctor has been forced to think for himself. He is naturally broad-minded and tolerant of temper, interested in all that relates to medicine, whether it comes within the boundaries of

his own particular pathy or not. Such a man is bound to learn and to grow, unless the present mania for organization lays its iron fetters on him.

This does not mean that the doctor should live in isolation from his kind. The voluntary association of physicians to discuss scientific subjects, and promote social relations, is a very good thing, but the doctor should resist every attempt to coerce or to govern him. The organization takes away the liberty of the individual, and so obstructs progress. It is subversive of all that is best in medicine, or of any other department of life in which it attempts to exercise control.

The man who wants to use you, studies you. He probably knows your weak point better than you do, though you may be ten times the man he is. Watch him. Do not let yourself be prejudiced. Look at facts in a common-sense light.

Orders All Beards Out Off.

December 25th, Paris.

All employes of the French Foreign Department have been ordered by Foreign Minister, M. Delcasse, to shave off their beards and moustaches. None is excepted. In answer to protests received from the Federation of Government Employes, M. Delcasse is said to have stated that even the moustaches of the employes were at the service of the State.—*New York American and Journal*.

This by a government calling itself a Republic! Think of it! A Republic! Ours is a Republic, too, but one such order as that would mean war, sure. Yet this is the kind of a Republic many think we should have, to be ruled by the State with a strong hand, government control of things, no liberty or freedom for the individual.

Doctor, this is the way the organization is working to control you. How would you like this?

Doctors of the United States are hereby notified that for the future they will be required to go clean shaven and with close-cropped heads, hair being deemed unhealthful and a carrier of germs.

By order of the Association,

A. BLANK, M. D.

But the American doctor is too intelligent and liberty-loving to let either the State or an Association dictate to him whether he shall wear a beard or not, or do anything else. There is always somebody watching and planning to get control of you, to use you for their own purposes.

The world loves to have you bow down to the precepts of some fellow who wants to govern you. There is always someone waiting with a proposition to accomplish some impossible and unnecessary something, if you will agree to do as he says in everything. It is the same old story that the priests used to tell the people. Lay up interest for yourself in Heaven by giving up your chance of happiness in this world.

Religion has about outgrown this kind of thing, and it is too late to catch the doctor with such chaff. No thinking man will believe that you can give up your responsibility and your opportunity to drift at the direction of others, and be either prosperous or happy.

Can Not Understand Him.

It is very creditable to the average intelligent American that the foreigner from continental Europe can not understand him. This is particularly true of the American doctor.

When the foreigner corrals the doctor and proceeds to work upon his prejudices in order to get him in the proper frame of mind for driving, he invariably breaks out of the traces, and dares to think for himself. This startles and amazes the Europeans. They can not understand him. Hence they are always wondering why the American doctor will not wear a harness.

It is funny when you come to think of it.

The future of the medical profession rests with the English and American doctor. No other class of men is so free from prejudice. No amount of discipline at the hands of authority will ever deprive physicians of this race of their mental independence. They will always investigate for themselves, and decide for themselves in all that concerns them. Nothing and nobody can deprive a member of the Anglo-Saxon race of his rights; no, not even if he is a doctor.

The greatest compliment which can be paid to any man is to say that he can not be prejudiced either for or against any person or thing. It belongs by birth-right to the Anglo-Saxon. He always proves to be the balky horse when you attempt to drive him.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys, how do you find yourselves? What kind of an Australian winter is this, anyhow? Summer diseases and winter diseases are about equally distributed. On one side of you you have continued fever, and on the other pneumonia. Digestive troubles are about as common as in the good old summer time.

Say, I want to remind you to put a bottle of the brown iodide of lime in your bag and keep it there until the time for croup is past. There is nothing in the whole *materia medica* to beat the brown iodide of lime in this complaint, if begun early, and given in decided doses.

Don't forget the importance of a good nerve tonic for patients convalescent in an enervating climate or spell of weather.

Another thing. Don't forget that convalescence is often retarded by a weakened state of the heart. This can be prevented to a considerable extent by the timely administration of a mild heart tonic through the sickness.

Diet in convalescence is also very important. In diseases of the digestive tract, a return to solid food should not be made too early, and all articles of food about which there is any doubt should be avoided for some time.

Say, a hypodermic of atropine will bring relief from a paroxysm of asthma quicker than morphine, and is much safer to use.

Recurring crops of boils can be stopped by the use of small doses of Fowler's solution after meals.

In carbuncle and all bad states of the blood and secretions, the free use of echinacea, both internally, and as an external application, will bring about rapid improvement in the patient's condition.

Say, boys, try this for vomiting: Divide a seidlitz powder into four parts, and give one every ten or fifteen minutes. Given this way they will stay down, as a rule, and stop the vomiting.

In severe intestinal pain, whether accompanied by diarrhea or constipation, the use of an opiate does not interfere with the action of purgatives, and is not

contra-indicated, as is usually taught. I invariably give a hypodermic of morphine, if I can, in a hurry in all such cases where the perception of pain is acute, the mind clear and the pulse good. Give it in alternation with very small doses of nux, colocynth, aloes, chionanthus, podophyllin, or whatever is indicated. The routine use of a purgative in such cases is bad. Unless there is a history of constipation, relieve the irritation and spasm, and Nature will do the rest. If not, simple warm water injections will be sufficient in most cases.

Say, boys, equal parts of burnt alum and tannin, used as a dusting powder for venereal warts, will shrivel 'em up.

A sudden rise of temperature in patients suffering from articular rheumatism, without fresh joint symptoms to account for it, usually means that the heart has been involved. Keep an eye on it.

The tincture of galega in teaspoonful doses twice or three times a day, is said to be a first-class milk-producer. I have never tried it.

Say, try viburnum prunifolium in patients who suffer from varicose veins, cramps in the limbs, and rheumatism. It's fine for 'em.

For earache, a solution of atropine sulphate, two to four grains to the ounce of water, two or three drops, warm, in the ear, will relieve quickly. If not, repeat in an hour.

Say, for eczema of face and hands, make a saturated solution of sulphite of soda and use freely. Correct errors of digestion.

Phytolacca is mighty good for caked breasts, boys. A good way to use it is to make a poultice of mashed potatoes, held together by the addition of a little flour, and using them as hot as possible. Saturate the poultice with a strong tincture of phytolacca. At the same time the tincture may be used internally, in small doses, or, if there is much fever and circulatory excitement, use aconite instead.

A man with a fractured skull should be kept bed-fast for four weeks, no matter how well he fares, or how anxious he is to get up.

Apples are said to be more nutritious than potatoes; they are certainly more appetizing and digestible.

Many women find considerable difficulty in holding their urine. Every time they cough or laugh a little is expelled. In such cases, drop doses of tincture cantharides, afford much relief.

For fissured nipples, add a drachm of tincture of benzoin to an ounce of glycerine, and filter. Apply with camel's hair brush, and they will heal rapidly.

Say, boys, glycerine is a good medicine in some cases of acid stomach with sour belchings, etc. It makes a fine addendum to more active remedies.

Well, so long, see you later.

[Written for the MEDICAL BRIEF.]

The Therapeutic Effect of Carbonic Acid Gas in Chloriasis, Asthma, Emphysema of the Lungs.

BY A. ROSE, M. D.,
New York City.

Carbonic acid is absorbed by the mucous membranes, especially by the mucous membranes of the intestine, to a higher degree, and with more facility than by the skin. The rapidity of this process may be judged from the shortness of time it takes for an artificial carbonic acid meteorism to become reduced while there is no way of the gas escaping but through its channel of absorption.

The physiology and chemistry of respiration teach us that the carbonic acid of the blood exists as a constituent of combinations partly in the blood corpuscles, partly in the plasma, and in the serum. Whether a change in the composition of blood results where large masses of carbonic acid gas have been introduced into the rectum, and from there have found their way into the veins, is not known, no investigations in this direction having been published. The amount of the chemically bound carbonic acid in the serum of the blood is proportional to the amount of carbonate of potassium therein, and similar relations exist likewise in the blood corpuscles, and in the plasma.

Therefore, whether any and how much carbonic acid may be absorbed in the blood remains as yet an open question. Symptoms of intoxication have never been noted. Röhrig has made experiments on rabbits in this direction. He found that

very considerable masses of carbonic acid gas might be introduced into the veins without producing symptoms of intoxication, though such symptoms, doubtless, would occur if these masses had no opportunity to be eliminated by the lungs. Conclusive experiments on this point of venous injections were made by Nysten and Demarquay. The former having found that carbonic acid could be introduced into the veins without injury to health, Demarquay injected, within forty minutes, one litre of the gas into the crural vein of a dog without causing any change in the well-being of the animal by this experiment. It is certain that the greater part of the gas is taken up by the rectal veins and carried directly through the right heart into the lungs, while another part passes through the upper visceral veins into the portal vein, and thus also through the liver. Nothing is known of any effect produced on this latter organ.

The whole mass of gas introduced into the blood is carried to the lungs, from the lungs it is eliminated in a manner corresponding with the elimination of carbonic acid under normal conditions. The route which the carbonic acid pursues through the system is decided by the peculiarity of traveling in the direction in which it meets the least tension. On this law depends likewise its transmission from the tissues into the blood, as also its normal evaporation from the blood into the alveoli of the lungs. Although we know that this evaporation is limited, and is for one thing dependent on the celerity of the blood circulation, *i. e.*, upon the length of time during which the gas remains in the lungs, we may take for granted that at this point large masses are eliminated.

It is, therefore, evident that the carbonic acid gas injected into the rectum, and passing through the venous current causes no noticeable effect whatever in the system. Some of its therapeutic effects begin with its elimination from the lungs.

The acts of inspiration and expiration exert a direct influence on the contents of the upper air passages, but not on the lower, especially not on the air in the alveoli, which latter is, to a certain degree, independent of the phases of respiration. The changes in this air required

for the arterialization of the blood take place by diffusion. From the alveoli of the lungs carbonic acid finds its way towards the atmospheric air, and oxygen in the opposite direction enters into the alveoli. This exchange of gases is favored, as mentioned by Landois, by the so-called cardio-pneumatic movement, that is, the shaking of the respiratory air with every contraction and every dilatation of the heart and every pulsation of the pulmonary arteries. Landois shows that on this cardio-pneumatic movement depends the sustenance of life during hibernation and during catalepsy.

Ephraïm interested himself and extensively tried rectal injections of carbonic acid gas on patients. He reasons as follows: The large amount of carbonic acid gas introduced into the rectum passes through the veins, enters into the alveoli, and from there, obeying the physical law, is diffused in an upward direction, whereby an excess over the normal process of the diffusion of the gases takes place; that is, more than the normal amount of oxygen descends, the ventilation of the air passages being thus increased. In making this assumption, that the alveoli with this increased afflux of carbonic acid receive an increased amount of oxygen, he has in view the law according to which gases interpenetrate other gases, without causing pressure or expulsion, a law which in general governs the sustaining of respiration.

Experiments made by Speck have shown that increased ventilation of the lungs brought on by increased respiratory activity, that is, more profound inspirations, causes a large amount of oxygen to be retained in the body, but only a small part of this extra amount of oxygen enters the blood, by far the greater part of it entering into the composition of the residual air, and enriching it in oxygen. With the increased activity of the respiratory organs the body uses up a larger amount of oxygen than normally, and the small extra amount in the residual air is needed to cover the deficit, whence there is not enough left to add noticeably to the oxygen of the blood.

Ephraïm leaves the correctness of this explanation undisputed, but adds that no application of it can be made to the manner of increasing the oxygen under con-

sideration, for, while the conditions bear some resemblance, they differ in essential points. He mentions the experiments of Pflüger on animals upon which tracheotomy had been performed as being more applicable. Here the conditions correspond with those presented by rectal inflation with carbonic acid gas. Pflüger found that with tracheal breathing continued for some length of time, the amount of oxygen would increase in the blood. This increase is due to facilitated and augmented lung ventilation, taking place after tracheotomy has caused the shortening of the distance between the alveoli of the lungs and the atmospheric air, thereby facilitating the intra-bronchial diffusion of gases.

The increased lung ventilation in animals with the trachea cut open, corresponds in so far with the better lung ventilation under consideration as that the oxygen in both instances is full gain, not being required for increased respiratory activity, but, according to Ephraim, the conditions for increased entrance of oxygen into the blood are still more favorable when carbonic acid is introduced by way of rectal inflation than in the case of animals with open trachea; just as the rising of the extra amount of carbonic acid gas through the veins causes an increased diffusion of gases within the respiratory passages, so will the gas diffusion between the blood and the alveolar air, which renders possible exchange of gases, be improved.

The result is not only an increase in the amount of oxygen contained in the alveoli, but also an augmented exchange of gases between it and the blood. The entrance of an extra amount of carbonic acid through the capillaries into the alveoli brings about increased diffusion, and a larger quantity of oxygen to the blood. The question whether this increased diffusion is followed by increased absorption, Ephraim thinks he can decidedly answer in the affirmative.

Summing up, Ephraim's view is that the carbonic acid gas taken up by the digestive tract enters the venous system, is eliminated by the lungs, and thereby brings on an improvement in the ventilation of the lungs, resulting in an increased accumulation of oxygen in the blood, and that this is the main factor of the curative effects thus far observed.

Ephraim administered carbonic acid gas per rectum, the cases being those exclusively of out-door patients, and he gave, as a rule, one, and in exceptional cases on account of special circumstances two, sittings daily. He employed the liquefied gas in the following manner: The carbonic acid gas is taken from an iron balloon in which it is contained in the liquefied form; a double stop-cock is attached to regulate exactly the flow of the gas from the balloon in which it is, naturally enough, under high pressure. The carbonic acid on escaping from the balloon at once assumes the gaseous form. From the balloon it passes first into a bottle filled with water. This contrivance to have the gas pass through water is for the purpose of enabling us to observe and to control the celerity of its escape. From this bottle it enters into an elastic tube terminating in a nozzle for the rectum. The nozzle having been inserted into the rectum, the stop-cock is opened to so limited an extent that we are enabled to count the gas bubbles passing through the water.

I have simplified the method of application. The illustrated description of my contrivance is given in a former issue of the *MEDICAL BRIEF*.

The patients treated by Ephraim were suffering from chloriasis, phthisis and asthma. There could have been no objection to more frequent application of the gas than one or two inflations per diem, but for his complicated and cumbersome method. These cases treated and described by him were as mentioned.

(To be continued.)

I send you one dollar for the *BRIEF* for 1905. I have in the past been a patron of high-priced medical journals. They treated almost entirely of surgery—capital operations—hysterectomies, laparotomies, and operations for floating kidney. The idea struck me that it would be better to take a journal that did not cost so much, and that treated of the "itch," coryzas, eczemas, measles, flux, and fevers, something met with every day. The *MEDICAL BRIEF* meets the almost daily wants.—J. W. BRYANT, M. D., Shamrock, Mo.

THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.,
EDITOR AND PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

NEW YORK OFFICE, ASTOR COURT BLDG.

FOREIGN OFFICE:

AUOKLAND HOUSE, BASINGHALL AVE., LONDON, E.C., ENG.

Vol. XXXIII. March, 1905. No. 8

SUBSCRIPTION RATES—INVARIABLY IN ADVANCE.

United States and Canada, . . . per annum, \$1 00
Foreign (Postal Union), . . . " 7s. 6d

These rates include postage.

Advertising rates sent on application.

All subscriptions will be discontinued at expiration unless renewed.

The Medical Brief will not be sent unless paid for in advance.

One Dollar per year in advance.

Write *only on one side* of the paper.

See how *short and plain* you can write.

Write articles intended for publication, and matter for editor, on *separate pieces of paper*.

Articles sent for publication in the **MEDICAL BRIEF** must not contain more than *seven hundred words*. Short, practical, *brief items* always wanted.

The **MEDICAL BRIEF** is mailed on the first of each month. If a number fails to reach you we will supply it, provided we are notified within a month.

The Editor is not responsible for the articles of contributors. The MEDICAL BRIEF aims to publish articles on both sides of a question.

MEDICAL BOOKS.

We supply any **MEDICAL BOOK**, no matter by whom published, post-paid, on receipt of publisher's price. Send for our Catalogue.

Address, **MEDICAL BRIEF**, St. Louis.

The MEDICAL BRIEF has the largest paid circulation of any medical journal published anywhere.

[Written for the **MEDICAL BRIEF**.]

Paris Hospitals and Post-Graduate Work in Paris.

BY J. LEMARE BUNCH, D. SC., M. D., M. R. C. P.,

Late Assistant Physician to the German Hospital and to the North London Hospital for Diseases of the Chest, London, England.

During the last few years the majority of English-speaking students and practitioners desirous of working in a continental school of medicine, and attending continental clinics, have preferred to visit Vienna or Berlin rather than Paris. Such is especially the case with those who wish to take out courses in some specialty,

and who intend to work hard at their special subject for a comparatively short time, doing as much practical work as they can. Undoubtedly the courses in Vienna, and, to a certain extent, in Berlin, are admirably arranged for such a purpose, and the number of teachers who can speak English makes things comparatively easy for the stranger who speaks none but his own language.

In Paris the field is as unlimited as in any other great city, and opportunities are many for seeing every branch of medical work, but the absence of concentration, and the fact that the hospitals and clinics are scattered all over the city, cause the visitors a considerable amount of difficulty at first. But to anyone who speaks French well, these difficulties are only of a temporary nature, and easily surmounted.

Most of the medical students have rooms on the left bank of the river in the Quartier Latin and the Quartier des Ecoles, close to the Boulevard St. Michel, and the buildings and laboratories of the school of medicine. The position is very convenient for anyone who wishes to attend the courses of lectures of the Faculté de Médecine, or to read a great deal in the library, and there are a number of students' restaurants and cafés quite near.

The Quartier Latin is, however, undergoing a period of transition, and has changed its characters very materially during the last few years, and hardly offers now the attractions which it used to do. If one is willing to be a little further away from the school of medicine buildings, excellent accommodation of any kind can be found on the right bank of the river, in the neighborhood of the Rue de Rivoli, and then one has the great advantage of being near the electric underground railway, which is an excellent method of transport.

Having decided on one's quarters, the next thing is to pay a visit to the office of the Assistance Publique, 3 Avenue Victoria, and obtain a "carte d'entré des hôpitaux," which gives a list of the chief public and special hospitals, with their situation, and is also a permit to visit each of them, if desired. Admission to the various clinics is, however, easily obtained, and in some cases examination of

the patients is permitted. Where the visitor wishes to attend a special clinic often, and to examine cases, it is advisable to bring an introduction to the physician or surgeon in charge. Such an introduction is necessary, in order to obtain admission to the Infirmerie de Saint Lazare, and to the military hospital of the Val-de-grace, but when permission can be obtained these hospitals well repay a visit.

Some of the clinics begin very early in the morning, and one may have to make one's way out beyond the Boulevard de Port Royal, some three-quarter's of an hour run from the Madeleine, by a quarter past eight in the morning. This means an early start, and on a cold morning in winter is none too pleasant.

The Paris steam-trams and horse omnibuses are none too rapid a means of conveyance, and whenever the electric tube can be made use of, it will be found a great improvement. Many of the Paris hospitals have far more beds than those in London. The Hôpital Saint-Louis, for instance, has one thousand three hundred and forty-six beds, and the Hospice de Bicêtre one thousand nine hundred and forty regular beds for old people, and one thousand two hundred and thirty for lunatics and epileptics.

The best hospital to visit first is a general hospital, and we will take the Hôtel-Dieu, which is situated close to the Cathedral of Notre Dame, and is quite central. It has eight hundred and eighty beds, five large amphitheaters and five lecture theaters, a laboratory of chemistry and of physiology, and many special departments. Professor Dieulafoy, whose reputation and skill are so well known in America and England, has two wards here, and his hours are half-past nine on Wednesdays, and ten o'clock on Saturdays. There is an out-patient surgical clinic every morning at nine, under M. Marion, and a medical out-patient clinic under Dr. Enriquez. The eye department is under M. de Lapersonne, the eminent oculist, and clinical lessons are held on Mondays and Fridays, ophthalmic examinations on Wednesdays. In the maternity department, the accoucheur is M. Champetier de Ribes.

The Hôpital de la Pitié, 1 Rue Lacépède, is another well-known large general

hospital, where besides medical and surgical clinics, M. Babinsky has two wards, and holds a clinic for nervous diseases, on Wednesdays, at ten. Dermatology is also seen to at the Pitié, by M. Darier, whose work on psoriasis is so well-known, and who holds a skin clinic on Mondays and Fridays at nine.

The best known hospital for nervous diseases is the Salpêtrière, with three thousand eight hundred and eighty-three beds, for women, 47 Boulevard de l'Hôpital. The professor of nervous diseases, M. Raymond, holds a clinic on Tuesdays and Fridays, at ten o'clock, and an out-patient clinic for nervous and mental diseases on Tuesdays at half-past eight. On Sundays there is also a clinic at nine o'clock, under M. Charpentier. There is, in addition, a department of electro-therapy and radiography.

The Hospice de Bicêtre is also very well known, and will repay a visit. This hospital is peculiar in that there are no "externes" here, only "internes," and provisional internes. But the internes do not come very willingly to Bicêtre, partly because the distance from Paris is not compensated by any advantages, and partly because their lodging accommodation is not good. There are only ten rooms for fourteen internes, and some of these are sadly in need of reconstruction. The number of beds for lunatics and epileptics is one thousand three hundred and sixty-six. The physicians for mental diseases are most eminent, and the material for teaching purposes is excellent.

The asylums which are most worth visiting are those of Sainte Anne, Villejuif, Vancluse and Charenton.

One of the most interesting hospitals in Paris is the children's hospital, and the members of the staff are mostly eminent. In addition to ordinary medical and surgical beds, and an out-patient department which is as noisy as it is otherwise good, there are beds for diphtheria, scarlet fever, measles and whooping cough, and a crèche for children under one year of age. The diphtheria beds are under the care of Dr. Marpan, and comparatively few tracheotomies are done, and more intubation. Medical and surgical clinics, including orthopedics, are largely attended by foreign practitioners, and the staff are, on

the whole, even more courteous than at many of the Paris hospitals.

Not far off, in the Rue Deufert-Rocher-eau, is another children's hospital, with eight hundred and fifty beds, and beds for infectious diseases.

Midwifery can be followed at several hospitals—Tarnier, Baudelocque, Saint Louis, and the Maison Ecole d'Accouchements. The service at the Tarnier is good, but it is necessary to obtain a card of authorization, in order to follow it and examine the cases. Lectures are given on Tuesdays and Saturdays at nine.

At the hospital last mentioned in the above list, midwives only are trained, and there are usually about a hundred pupils at a time. They have to pay one thousand francs a year, and the period of pupillage is two years.

Urinology is well provided for at the Hôpital Necker, where there is a large out-patient department, and a good genito-urinary service. M. Guyon holds a clinic on Wednesdays and Saturdays at ten o'clock, which is largely attended by students and doctors, and courses can be attended in cryoscopy, cystoscopy, and the application of electricity to genito-urinary treatment. The technique adopted here in lithotrities is worth studying to anyone who is interested in the subject, and the department for general surgery should also be visited when one is at the hospital.

Many of the hospitals, unfortunately, are old and in bad repair, and this is not compensated for by their size, and the amount of ground they cover. The courtyards or squares round which the blocks of buildings are constructed, are good in their way, and of great importance for ventilation; moreover, they are of service to the convalescent patients, and to those who can be moved out of doors in fine weather, but the buildings themselves are naturally of still more importance, and it is these which, in many cases, are so sadly in need of reconstruction. The wards, too, are old, and sometimes appear to be saturated with germs. In one corner of a ward in the children's hospital, for instance, I was told by the physician in charge that every child under two years who slept in one of the cots there was certain to develop broncho-pneumonia.

The Saint Louis Hospital, which is so well-known for its department of skin diseases, covers a great deal of ground, but the buildings are mostly old and bad, and the museum, where their famous collection of wax models of skin diseases is, so badly constructed and abominably lighted, that on a dull day it is impossible to make out what many of the models are intended to represent. The library, too, at the Saint Louis Hospital has no carpet or other covering on the bare boards, so the noise of anyone moving about in the room is sufficient to prevent people working, or taking advantage of the collection of dermatological literature, which is extensive and fairly comprehensive.

The Saint Louis school of dermatology attracts visitors from all parts of the world, and the nationalities which are represented at one time in the consultation rooms are many and distant. Doctors from Turkey, Greece, Spain, South America and Russia may meet English-speaking doctors from Australia, Canada, or the United States; the crowd, in fact, is cosmopolitan, but English is not as a rule the language which is best understood among them. At this hospital general medicine has no department, but, instead, the pathology and treatment of skin diseases receives every attention. Six physicians share the beds reserved for cutaneous diseases, and each holds a consultation one day a week, and next day examines the cases which have been admitted to the wards. Lectures and demonstrations are held every week, and courses can be taken in the histology, pathology, and treatment of cutaneous diseases.

A special building is set aside in the hospital for school children who have ringworm. They have ordinary school teaching, and their ringworm is treated, the new cases by the application of X-rays, as described in my paper in the *Journal of Dermatology*, July, 1904, "Sabourand's Treatment of Ringworm by X-Rays at the Saint Louis Hospital, Paris."

Venereal cases are, of course, also treated at this hospital; there is also a good venereal department for women at the Broca Hospital, and for men at the Cochin-Annexe, No. 111 Bd de Port Royal. Female prostitutes are examined at the dispensary on the Quai de l'Horloge, the

service of inspection being made under the charge of Dr. Lemoine, and those who are found to be suffering from infectious diseases are sent to the prison and house of correction of Saint Lazare. Here they are treated and detained until cured, and to many of them the time seems to pass wearily, if one may judge from the requests to be allowed to leave, and the joy with which the permission is at length received. Some of the patients which I saw there were young, but the women arrested in the streets are not registered and put on the books of the police at the first arrest, so this and the fact that many suffering with venereal disease are treated privately, even when registered, accounts for the average age of the Saint Lazare inmates being somewhat raised.

Surgical clinics attract a great many visitors, and on the operation days of the well-known surgeons, there is frequently a large attendance. Although all the operation theaters are not fitted up in the elaborate and up-to-date way of best American hospitals, some of them are quite up to this standard, and the attention to detail leaves nothing to be desired. In these every effort is made to procure asepsis, one well-known surgeon going so far as to strip and don white sterilized tunic and trousers before operating. White caps are frequently worn over the hair, sometimes masks and respirators, while those looking on at the operation from the gallery either have to put on a long white overall, or watch through a glass screen. The results obtained quite justify these precautions, I am told, and in abdominal surgery especially, very great achievements have been placed to the credit of French surgeons. A study of their methods and technique can not fail to prove of the greatest interest to any surgeon of another nationality who finds himself in the French capital, nor will physicians or specialists be disappointed with a visit to a city which contains such vast stores of material, affords such excellent opportunities for study, and is famous for men so eminent in every branch of science and medicine.

I appreciate the bright and novel contents of the MEDICAL BRIEF.—I. H. BETZ, M. D., York, Neb.

[Written for the MEDICAL BRIEF.]

Epistaxis: Its Causation and Treatment.

BY WILLMOTT H. EVANS, B. SC., LONDON,
M. D. (LOND.), F. R. C. S., ENGLAND,

Surgeon to the Royal Free Hospital, London;
Surgical Tutor in the London School
of Medicine for Women,
London, England.

By epistaxis is meant the discharge of blood from the nostril, whatever may be its source, and whatever may be its cause.

Sir Thomas Watson well observed that bleeding from the nose is sometimes a remedy, sometimes a warning, and sometimes really a disease in itself, and this saying indicates well that epistaxis is very frequently merely a symptom, and may be an indication of some grave constitutional change, or an affection of a distant organ. When this is so, the arrest of the hemorrhage from the nose is merely the first step in the treatment.

The amount of blood that may be lost varies in different instances to an enormous extent. Sometimes there may be only a few drops; at others the quantity lost may need to be reckoned in ounces, or may amount to considerably more than a pint. As a rule, the statements of the patient are somewhat exaggerated, though quite unintentionally, for a little blood goes a long way; but it is certain that in some cases very large amounts of blood may be lost. It is customary to describe two methods by which the blood leaves the vessel; in one there is a distinct rupture, or tear, of the vessel wall, while in the other no such lesion can be found, and the blood is supposed to escape by "*diapedesis*," but this distinction is of very doubtful foundation, and as the amount lost bears no relation to the supposed method by which the blood leaves the blood vessel, the distinction may well be disregarded.

Epistaxis may have no effect on the patient, or occasionally it may give evident relief. When, however, it is profuse, long-lasting, or of frequent recurrence, the hemorrhage may give rise to syncope, or profound anemia, and occasionally, fortunately very rarely, it has led to death.

Before we enter on the important question of the best methods of treating epis-

taxis, it will be well for us to consider, at least briefly, the chief causes which may give rise to it.

The best classification of the causes of epistaxis is as follows: Firstly, those which are local, and, secondly, those which are general.

Or we may say that epistaxis can not occur unless either the wall of some vessel in the nose has been weakened, or the blood pressure has risen above its normal height. The circumstances which give rise to the weakening of the vessels are the local causes. They are bodily injury.

Hemorrhage from the nose is a very common result of a blow, or a fall, and is then rarely profuse, for usually there is only a small tear of the mucous membrane, and the bleeding soon stops on the application of very simple remedies, or, indeed, without treatment of any kind. A blow or fall, however, may give rise to epistaxis, owing to the production of a much more serious injury, namely, a fracture of the anterior fossa of the base of the skull. In this case, after the cessation of the hemorrhage there would not improbably be a discharge of a clear watery liquid, the cerebro-spinal fluid from the nose. This fracture is, however, a very rare cause of epistaxis, and I mention it only to point out the need for recognizing the lesion should this discharge of cerebro-spinal fluid occur, or the advent of cerebral symptoms indicate that a septic meningitis has supervened.

There is another form of injury which may give rise to epistaxis. Children often push foreign bodies up the nose, and the bleeding may result from the direct injury or the continued presence of the foreign body may lead to ulceration, and thus a vessel of the mucous membrane may be opened, and hemorrhage then occurs.

Other forms of ulceration may lead to epistaxis. The most common form of ulcer is that produced by constant picking at the nose; it is chiefly seen in children, though it is by no means unknown in those who are older. This form of ulcer is almost always situated on the septum close to the nostril. Syphilitic ulcers, both secondary and tertiary, and tuberculous ulcers, may also give rise to epistaxis, but only rarely.

All new growths of the nose may also act as causes, even the simple mucous polypi, but the hemorrhage is far more severe from the fibrous polypi, and all forms of malignant growth. These are all the local causes, and we must now classify the general causes.

In the first place, epistaxis may follow renal disease, especially the chronic form of Bright's disease, in which the blood pressure is greatly raised, and this is one of the commonest causes of epistaxis in the old. In many forms of heart disease the retardation of the blood stream, and the consequent increased pressure in the veins may lead to hemorrhage from the nose. This is especially likely to occur from disease of the mitral valve. In portal congestion, also, as from cirrhosis of the liver, epistaxis may occur, even though there is no general venous congestion. In whooping cough, too, the distension of the veins may be very marked, caused by the excessively violent expirations, and epistaxis is not rare, and the same effect may be produced by humors of the neck, which compress the internal jugular veins, and interfere with the return of blood from the head.

In violent sneezing, also, nose bleeding may occur. Violent exercise and violent emotion, especially anger, may also cause epistaxis. Plethora should probably be put into this class.

In a second group may be placed those causes which act chiefly by altering the constitution of the blood, and thus also impairing the walls of the blood vessels. These are scurvy, purpura, and some forms of anemia. In this class hemophilia also should be placed, and, in fact, it is the most important member of the group. In many of the specific fevers, epistaxis may occur, and prove very troublesome. It is seen chiefly in measles, scarlatina, diphtheria, typhoid fever, and also in typhus fever. It is especially in the more severe and adynamic cases of these diseases that this symptom appears. In most of these fevers, the epistaxis occurs during the course of the disease, but in typhoid it may appear at the onset of the fever. Pneumonia will naturally fall into this group. Some poisons also occasionally give rise to epistaxis; the chief are quinine, the salicylates, and phos-

phorus. There is probably an idiosyncrasy in these cases, but the possibility of a drug being the cause of the epistaxis should always be borne in mind, especially in recurrent cases, for it may be that the administration of the quinine or other drug is being combined or even increased in dose. Epistaxis may occur about puberty without any very obvious cause. It is sometimes associated with anemia, or constipation.

One group of cases still remains to be mentioned. In these the epistaxis is supposed to be "vicarious," that is to say, it is due to the absence of some flow elsewhere. The name is chiefly applied to cases where epistaxis occurs in girls or women who are suffering from amenorrhea, and it is thought that the nasal hemorrhage is a vicarious menstruation. It is possible that this is the correct explanation in some cases, but in many instances marked anemia or some other important blood change is present, and offers a much more probable explanation of the epistaxis. A few cases have been described in which an epistaxis has appeared to replace an habitual loss of blood from hemorrhoids. I should not like to say that such a transfer of the hemorrhage was utterly impossible, but I think it is intensely unlikely.

Lastly I must mention that epistaxis is sometimes seen when the atmospheric pressure is rapidly reduced, as in ascending high mountains, or in coming up from diving, or in leaving a caisson where work has been carried on under greatly increased pressure.

We have thus a very large number of causes of epistaxis, and it is frequently very difficult to diagnose between the several causes. In the treatment, however, we may distinguish two separate indications; first, the treatment of the epistaxis and, secondly, the treatment of its cause. We should not remain satisfied with arresting the hemorrhage; that is only the first step. We should endeavor to find out the underlying cause, which may be really far more important than the mere loss of blood.

In this connection the question arises, is epistaxis ever beneficial? The answer must certainly be that in some cases where the blood pressure has risen to a

dangerous height, the withdrawal of a moderate quantity of blood from the blood vessels may reduce to some extent that pressure, and it is far better that a blood vessel should give way in the nose than that hemorrhage should occur on the surface or into the interior of the brain. It is, however, only to a moderate extent that epistaxis can ever prove useful, for if continued too long, or repeated too often, the harm caused will far outweigh any benefit which may at first have resulted. Thus, troublesome epistaxis in an elderly man may relieve the high arterial tension for a time, and it should indicate to the doctor the need for an examination of the urine, and the treatment of the renal condition, but it would be wrong to allow the hemorrhage to continue, for this would only serve to increase the anemia, which always accompanies disease of the kidneys.

The methods which have been advocated for the arrest of epistaxis are numerous. The vast majority of the cases are slight, and the hemorrhage ceases spontaneously, and these do not come under the doctor's care. Yet if slight attacks of epistaxis are repeated at short intervals, a very grave state of anemia may result.

Household remedies are capable of dealing with all the milder cases, and they include such methods as the application of cold to the nape of the neck, which seems to be undoubtedly efficacious in slight cases, and probably acts reflexly through the nervous system. Elevation of the arms above the head, also, seems to have some effect, but how it acts it is difficult to explain. These and similar methods may be sufficient for the slight form of epistaxis in the young, but it is as well to give saline aperients and general treatment to prevent a recurrence. When, however, a doctor is called to a case of epistaxis, it is probable that the hemorrhage is at least somewhat serious, and that some or all of these milder means have already been employed in vain. It is, therefore, usually waste of time to try these simple methods. In the first place it is advisable to put the patient into the horizontal position, with the head slightly raised, and the reason for this is that when a person is lying down, both the frequency and the force of the heart-beat are

diminished, and, therefore, coagulation can more readily occur in the torn openings of the blood vessels. It is better to incline the head to one side, preferably towards the nostril from which the blood is not flowing. The object of inclining the head is to allow the blood to leave the nose by the anterior nares, for if the patient is allowed to lie flat on his back with his face turned directly upwards, any blood poured out from a nasal vessel is almost certain to flow back into the pharynx, and thence into the stomach, and the doctor may think that the hemorrhage has stopped, though all the while the blood has continued to flow. It is important to bear in mind that in a very large proportion of cases, say nine out of ten, or perhaps in even a higher percentage, the blood in epistaxis flows from a vessel on the septum near the anterior end, and at the lower part. This can often be readily seen, and the applications suggested below can be made directly on the bleeding spot, and if this be done the result is much more satisfactory than if the remedy is applied indiscriminately to the whole of the interior of the nose, especially as most of these applications are of very little use unless they are in a concentrated form, and it is easy to see that strong solutions applied to the interior of the nose may readily damage the mucous membrane, and interfere with the sense of smell.

The simplest application to the nose is iced water, and this is best employed as follows: The iced water is contained in a convenient vessel, which is raised only a foot or so above the patient's head, so that the water is not discharged under too much pressure. From the vessel passes a rubber siphon tube, ending in a nozzle to fit one nostril. The patient sits up, and leans forwards, keeping his mouth open to breathe through. In this position the soft palate rises so that the iced water can enter by one nostril, fill that side of the nose, and pass over from one posterior nare to the other, escaping by the opposite nostril. Should he close his mouth during the washing out of the nose, the soft palate will descend, and the fluid will run down into the pharynx. This douching with iced water is especially useful when the hemorrhage is the result of a general

oozing rather than from any definite vessel. It may also be employed in order to remove clots from the nose, so that the doctor can see clearly where to apply other means of arresting hemorrhage.

When a definite bleeding spot can be seen at the anterior inferior part of the septum, it may be touched with a galvano-cautery; this should be at a dull red heat. Or a pointed stick of silver nitrate caustic may be employed, or chromic acid on a probe. This latter is prepared by heating some chromic acid, and when it is melted, dipping into it the end of a probe; sufficient chromic acid adheres to enable it to be used as a caustic.

Perchloride of iron is an unpleasant preparation, and is better avoided.

With all these substances the solid form is much better suited for application, as its action can be more localized than if a solution be employed.

The local application of a solution of supra-renal extract is useful, and it is best employed as follows: A small piece of lint is dipped into the solution, and laid upon the bleeding spot, and held in position for a few minutes. Mechanical pressure on the ruptured vessel is efficacious, and often in the milder cases the mere compression of the nostrils between the finger and thumb will suffice. If all these methods have failed, then recourse must be had to plugging the nose. The simplest method is by the use of Cooper Rose's inflating plug. This consists of a soft rubber bag, which is passed into the nostril, and then inflated. It presses on the bleeding spot, and so arrests the hemorrhage.

Of course this appliance will probably not be at hand when wanted. Anterior plugging of the nostril may be sufficient. A long strip of aseptic gauze, about one-half inch wide, is taken, and it may conveniently be dipped into a solution of hydrogen peroxide. One end of the strip is pressed as far into the nostril as possible, and then the adjoining portion is passed in, and so on until the nostril is filled. Very rarely the posterior nares may need to be plugged as well as the anterior. By means of a soft catheter, or of the special sound designed by Belloc, a piece of silk is carried through the nose into the pharynx and out of the mouth. To the

mouth end of this piece of silk is firmly attached a pledget of lint, about one inch long and one-half inch wide. This is drawn by means of the piece of silk, and guided by the finger till it rests at the posterior nares, and to the anterior end of the piece of string is fastened another plug to block the anterior nares.

Whenever any form of plugging is employed, it should be wrung out of a mild antiseptic, as decomposition very readily takes place. All plugs should be removed at the end of twenty-four or thirty-six hours, or septic ulceration may ensue.

Carnot has recently recommended a five per cent solution of gelatine for stopping hemorrhage. The melted solution is injected into the nostril by means of a syringe. It is said to be efficacious, but the substance is liable to decompose rapidly, and, therefore, it is well, a few hours later, to wash out the nasal fossæ with warm water.

In treating epistaxis it is far better to use one method thoroughly than to run from one method to another without giving any one method a fair trial.

[Written for the MEDICAL BRIEF.]

Why People Grow Deaf.

BY OSCAR F. BAERENS, M. D., PH. G.,

Professor of Laryngology, Rhinology and Otology in St. Louis College of Physicians and Surgeons; Laryngologist to Jefferson Hospital; Editor Medical Mirror; Department Editor of St. Louis Clinique, Etc. St. Louis, Mo.

In presenting this paper it is not my purpose to add to the already abundant literature extant, neither do I presume to say anything unique or novel on the subject especially to the specialist, but to the general practitioner I would say "lest we forget." As a specialist in diseases of the ear, nose and throat, I, as a matter of course, meet the general practitioner in the nature of a consultant, both in my office and in his. During a period of years I have kept a record of all cases in these departments of medicine coming under my observation. Referring to this record I find that about eighty per cent of these cases are ear cases embracing the various forms of hearing defects. Fully sixty per cent of these cases are "chronics."

I believe that my experience differs little from that of my friends similarly engaged.

To me this signifies several things. The organ of hearing has always been, and still is, unjustifiably passed over as of minor importance by both the layman and the doctor. Of course, there are reasons for this, consideration of which I am obliged to forego here for lack of space allotted me. These cases being chronic in character now, must have had an acute stage which was either so trivial as to be dismissed without sufficient attention at the time by either patient or doctor or both; or circumstances were such that the trouble was allowed to progress until in the very nature of things it demanded attention. In nearly all of these cases I found that a vast amount of discomfort, pain, loss of time and money might have been spared by timely prophylactic treatment, and it is to these causative and preventive factors that I briefly allude.

Much of the trouble originates in the nose and naso-pharynx. I find these cavities the most neglected of any, the reason therefor being that it requires some skill to examine it properly by means of the small mirror and reflected light. In nearly every case referred to I have found some pathological condition present, ranging from a simple hypertrophy of the mucous membrane to a syphilitic gumma. Nasal obstruction is now conceded by all investigators to be the primary cause of about sixty per cent, or perhaps a greater proportion of ear diseases, the exanthemata and the kindred diseases of childhood coming next, injuries and congenital defects completing the etiology. If we but reflect a moment upon the vast amount of nasal troubles with which nearly everyone is afflicted in a greater or less degree, and note how much this important organ is consigned to neglect, it need not surprise us that the natural resisting powers and restorative processes are weakened in time by continuous irritation; and inflammatory conditions eventually result, accompanied by sequelæ more or less destructive to the functions of organs of vital importance to the individual.

The simplest catarrhal condition of the nasal mucosa will menace the auditory function in time by the effort of contin-

uous blowing of the nose. We have but to remember the very close anatomical relation and location of the eustachian orifices to the "back door" of the nose, or to employ a more technical expression, the "posterior nares" or choanæ, in order to understand the involvement of the hearing mechanism. So it is that catarrh is occasionally recognized by even the uninformed layman as a source of ear trouble, and in nearly every instance by the doctor; but if the latter be one of a class of practitioners who still refers to this condition as a disease *per se*, there is little the patient can look forward to from such a medical man in the way of intelligent treatment, he having no exact knowledge of the cause does not remove it. It is to be sincerely hoped, however, that in the near future this word "catarrh" will be omitted entirely from the medical dictionary, the text-book and general literature, and that teachers will impress upon their students the fact that *catarrh is a pathological condition of a mucous membrane, characterized by hypersecretion of a varying nature, depending for its existence upon some abnormality or pathological condition within the nose or elsewhere, or upon some perverse physiological function, or both.* This definition is better than any that has come under my notice for years, and I repeat it over and over to my students year after year, endeavoring to impress it upon their minds for their guidance, and for the benefit of their patients in future years.

Nasal obstruction is a subject which receives my greatest consideration and study, knowing its importance upon adjacent cavities and correlative organs. Among the various nasal disturbances which tend to produce cophosis, or defective hearing, are simple coryza, chronic coryza, intumescent rhinitis, purulent and fibrous rhinitis, vaso-motor rhinitis, hypertrophic and atrophic rhinitis. Next in frequency come abnormalities of development within the nasal fossa; septal redundancies, anterior and posterior; deflections of both the cartilaginous and bony septa, ridges, spurs, exostoses, synechiæ, hypertrophic and cystic affections of the turbinated bones proper, diseases of the ethmoid cells and adjacent sinuses; new growths, such as polypi, ade-

noma and osteoma. In the naso-pharynx we find these conditions in an acute or inflammatory state, and in a large number of the cases the well-known and only too often neglected adenoids. These growths so common among children are responsible for most of the juvenile ear cases coming to the specialist's attention, unless produced by the exanthemata. It is most unfortunate that this class of cases goes unrecognized by so many physicians. The characteristic objective symptoms being so pronounced, the open mouth giving rise to the "hang jaw," the drooping eyelids, the puffiness over the bridge of the nose, the highly arched and nearly V-shaped hard palate (and, with this, irregular teeth), the reflex symptoms, such as enuresis, disturbed sleep, snoring, the semi-choreic movements of the various sets of muscles; the apathetic listless and sometimes idiotic expressions on the faces of the children, and the history of tardy mental development, all these should make the diagnosis most easy to any physician. To verify it, the finger need only be passed up behind the velum, or soft palate, when these soft masses can be easily detected. It requires no great skill to locate these offending lymphatic masses, and no really good excuse exists for their tolerance in this locality.

Nasal inflammation and nasal obstruction leads to irritation, irritation leads to hypersecretion. Hypersecretion necessitates one or more efforts, often repeated, to free the nasal chambers from the accumulated secretions, and with nearly every effort the sufferer practices Valsalva's experiment in a way, and forces some of these secretions into the orifices of the eustachian tubes. Absorption goes on all the time, and eventually the victim of, shall I say "catarrh," finds that his hearing is diminished or lost, or that he has a discharge or "head noises," or some other condition which demands medical treatment. At this stage it is most important that the medical practitioner consulted knows what is to be done, or not knowing how to proceed leaves it undone, and sends him to some one better prepared to carry out intelligent and scientific treatment.

Few people living in this enlightened century expect one man to be master in

every department of medical science or surgical art. How much better it would be if every practitioner knew something of everything, and all about something pertaining to his own vocation. If the writer has succeeded in throwing a few side lights on one or more obscure points he will feel well repaid for the time and work expended on this paper.

Commercial Building.

[Written for the MEDICAL BRIEF.]

A Plea to the General Practitioner in Behalf of All Those Suffering From Hypertrophy of the Prostate.

BY G. M. PHILLIPS, M. D.,

Professor of Genito-Urinary Surgery in St. Louis College of Physicians and Surgeons; Consulting Surgeon to St. Louis City Hospital; Consulting Surgeon (Genito-Urinary) to the Jefferson Hospital; Editor of the Journal of Dermatology and Genito-Urinary Surgery; Fellow of the American Medical Association; Member of the St. Louis Medical Society, Etc., Etc. St. Louis, Mo.

Of medical men I feel safe to say that their keenest interest attaches to those matters in which they believe themselves capable of doing the greatest good, and these are the subjects most studied by them. We must believe also then that the greatest indifference and incompetency is displayed in those situations least perfectly studied and understood. So thoroughly have I been impressed with the lack of confidence and understanding on the part of the general practitioner in the department of modern prostatic surgery, that I have wished that some of our more able and zealous genito-urinary workers would come forward and inaugurate an educational campaign to the end that the great body of medical practitioners might know the volume of good work now being done in this department.

The single purpose of this article then will be to open for criticism and further enlargement this one feature of the subject—prostatic hypertrophy, invite a livelier interest and point the way to a more rational and scientific disposal of a most interesting and worthy class of sufferers.

I will grant that the majority of our profession well understand the prostate with respect to its anatomy, physiology, etc., and I will also grant that the complications displayed as a result of hypertrophy of this organ, along with the many symptoms that follow, are reasonably well known and understood. Of such sufferers as these, their histories and their real conditions are essentially the same wherever met. Literature bearing upon this part of this subject is not wanting, and it is to the general practitioner that these cases apply for early diagnosis and treatment.

Why, then, is this class of sufferers permitted to drift along, growing worse from day to day?

Why is it that they are so difficult to reach with reason?

Why is it that they persist in declining radical and curative attention when they so well know to-day that most sufferers are ready and willing to accept anything or to submit to the most serious surgery that promises permanency of relief?

Why is it that most physicians will assume so grave a responsibility and continue to treat symptoms alone, watching the development of new and serious complications as they must surely arise, with the full knowledge of his inability to do more than palliate and stay the process for the time being?

Why is it that so many of this class die without having had special attention?

Why is it that prostatectomy is so often followed by a long and tedious convalescence, and why is the mortality rate so high?

Day after day we listen to the same old story about the old gentleman who has suffered the inconvenience and tortures incident to a progressive enlargement of his prostate. At first merely suffering a loss of sleep, owing to the frequent desire to empty his bladder; later, the resort to a catheter, then cystitis, fever, and a general decline in health; next the use of urinary antiseptics, vesical irrigations, soothing rectal suppositories, etc., and still the patient steadily growing more and more infirm.

You may urge upon the attending physician the necessity of removing the obstruction that is responsible for the symp-

toms. You may point out to him the harmlessness (under favorable circumstances) of such a course, and the great benefit to be derived, and yet be rewarded for your pains by being advised that later on he will probably submit. You may be told that his age is so extreme that it is not worth while to make such an attempt, and I have many times been advised that the old man was prepared to die, that the family was reconciled, and why not let the old man die in peace? Without imposing upon the reader a detailed account of my own prostatectomies, and without detaining you at this time with the recent brilliant work of the genito-urinary surgeons in this department, I will aim to explain why it is that the general practitioner so often fails to render the only service to such patients. Why it is he hesitates to take into his counsel and confidence the most convenient and best known genito-urinary surgeon until the case is beyond hope of repair. I will hope to show the basis of all the prejudice that exists upon the part of both the physician and the patient.

I think that I can readily show that these patients, though well advanced in years, as a rule, have equal rights with younger people to live and to live in peace. I feel myself competent to explain the high mortality attached to such situations as these, and to show wherein lies the responsibility and the reduction of this great mortality rate. I think that I can demonstrate the early recognition of prostatic hypertrophy, and show that the obstruction is one easily removed, and I will conclude with an appeal to the physician into whose keeping these cases first find themselves, with all the force and earnestness at my command, and hope that all those now engaged in this work will take up the task that I have here begun and not finish until every member of the medical profession is awake to the situation as we so well know it to-day.

The fact that such a large number of sufferers from hypertrophy of the prostate die without having been examined or prescribed for by the genito-urinary surgeon, and the further fact that many apparently hopeless cases of this kind have been referred to us and are perfectly and permanently cured to-day, I believe justifies

the claim that all such cases should be referred to those especially prepared to administer to them.

Some physicians are slow, I believe, to ask for consultation on account of the confidence reposed in them by the venerable sufferer, fearing it to be an admission on his part of his incompetency to supply to every suffering subject (no matter from what cause) the treatment which he stands in greatest need. The failure to procure efficient consultation and service here can only be explained through a spirit of selfishness or arrogance.

Again, sufferers of this class are denied the services of those best qualified, for a different reason. There are many practitioners unselfish and well-meaning, those ready at all times to make a personal sacrifice in behalf of those intrusted to them, but whose time is so taken up in doing good work along so many different lines that the opportunity for advanced or special information cannot be had. There are those also whose only knowledge of special subjects is measured by the attention devoted during their college days, and are therefore ignorant of the possible benefits to be gained through association of the genito-urinary surgeon of to-day, and they, of course, permit their patients to suffer on.

Another class of physicians, small in number, I am glad to believe, narrow and mercenary, whose sole purpose in life is gain, no matter at how great, or at whose expense; men in the community known as doctors and holding the confidence of a good and generous public, those who rather than sacrifice the price of their daily visits, will encourage such patients in the belief of ultimate recovery through methods that they provide and permit whatever end to come that may. There are men in the profession, I believe, who had rather carry a wreath of roses to the grave of a departed patient than to have him cured at the hands of another. To this class I have no time to devote, and I shall make no appeal to them. They can not be reached through any of our higher appeals; all avenues of approach are closed, save one, to show them wherein they may profit and you at once gain their interest.

That old men have a right to live none will dare deny, although many are permitted to drag out a miserable existence who might otherwise and under different surroundings live many happy years and render great service to their country, families and mankind in general. It is not within the province of modern medicine to say when another shall quit his existence, and while I dwell upon this feature of the subject, and from among a very large class who have suffered in this way and recovered, I recall one especially whose name and address I think myself free to give, one whose condition was extreme, the operation tedious, and whose complications were many and serious; one whose recovery was slow, painful but perfect; a case considered hopeless, yet to-day the man is in full possession of all his physical and mental faculties, perfect in strength and health, without a pain or ache; a man who since his recovery has accomplished more than at any previous period of his life. He was permitted to live through the removal of an enlarged prostate, and has made comfortable and luxurious the lives of many. He is well, contented and happy, and bids fair to continue so for many years to come. His name is L. P. Cunningham, Joplin, Mo. If for no other reason than this, I feel free to say "Deny no man the opportunity to live."

The mortality in this situation has been and still is high. This I will admit. Heretofore the technique of the operation has been very different from what it is to-day, and yet all the while these patients for the most part have never consented to an operation except as a last resort, and then not until serious complications have arisen and until all powers of resistance and recuperation have been impaired or destroyed. What results then might be expected of old men in such a state as this? On account of this high mortality still less heroic measures have been advised and proposed. Many methods that now appear ridiculous to us have claimed the attention of the profession, and I am free to confess that I myself have been guilty of doing much useless work in this direction—work which, for the time being, I believed to be justified, yet which did not

appeal to my better judgment; work that was useless yet harmless. I performed double castration a great many times and enthusiastically advocated the method known as the Bettini operation. I have injected into the hypertrophied organ all the remedies that I believed capable of doing good and have met at every turn disappointment. I do not feel lonesome in this chase for a cure of prostatic hypertrophy, for our best and most conscientious men have been participants, and to-day most of us plead guilty of having been lured by false lights; of having followed a vision with the hope of learning a new and safe method of treating this condition.

This subject you will then understand has been one upon which there has heretofore been no united opinion, a condition of uncertain outcome, yet in the face of all this, I feel safe to say to-day that upon so important a question of surgery there is no greater unanimity of opinion among its active workers than upon prostatectomy, or to the total removal of the prostatic gland; that it is the safest and best and the only rational and proper cure for the sufferers of this class. Without fear of severe criticism, I will go further and say that if the physician first consulted in these cases, will know and do his duty, if he will consult with his genito-urinary surgeon early and before serious complications make their appearance, the mortality will at once be minimized. Prostatic hypertrophy is easily diagnosed; there is no excuse for a mistake. I have many times stated publicly, and before my classes I have taught that the instruments necessary for the diagnosis could be purchased for fifty cents. If your patient be fifty years of age or upwards; if he complains of having passed his water once or oftener during the night; if the stream of urine is lacking in force, or dribbling; if after passing urine a soft catheter be introduced and additional urine is drawn, and in the absence of stricture or other obstruction to the outflow of urine, the diagnosis is established beyond a doubt and the case at once belongs to the genito-urinary surgeon. To detain such a patient as this, to tinker along with him, to build up his confidence in you, to fail to advise him fully and insist upon proper

consultation, is a sin. It is a blot upon the profession of medicine in which we claim membership. This is trafficking in something which, when lost, you are hopeless to restore; this is trifling with a most serious and sacred trust. To-day the country is full of good and competent men in this department. No city of any importance is without one or more men competent to do this work and anxious to become the friend and co-partner with the general practitioner, competent and willing to carry the responsibility and to return to you your patient, free to sound your praises and remunerate you for your services, and to appreciate your judgment, your generosity and your good offices.

Commercial Building.

[Written for the MEDICAL BRIEF.]

Marriage and Divorce.

BY R. C. BLACKMER, C. M., M. D.,

Professor Obstetrics and Legal Medicine at
Barnes Medical College,
St. Louis, Mo.

[Paper 1.]

Recently the subject of divorce has assumed an importance in social affairs which it never seemed to have before. To those of a formal and conservative turn of mind, the situation seems to present the appearance of a recent serious moral declension, a loosening of respect for religious vows, a fickleness of affection in the marriage relation, which almost causes the suspicion that the educated and cultivated elements of our race have become accustomed to enter that relation without any real abiding love, or any serious expectation of its permanency.

Stories are told like the following: "At an evening party in one of our large cities, a lady came up to bid her hostess good-night, and thank her for her kind entertainment, and remarked, 'It was so nice of you to send me in to supper with Mr. Brown; I have not seen him for years, and we used to be such good friends. Why, he was my third husband, and I was so glad to meet him again.'"

We have always been taught that the home and the fireside were the very foundations of all civilization and morality, that the noblest aspiration of mankind

was to build up a home and family that would perpetuate the name in a long train of posterity. Certain it is, in the experience of every person past fifty years of age, that there is no real pleasure, save in the progress of children. At that age personal ambition either passes away or becomes ignoble and mercenary. Aside from all religious ideals, it is a very desirable thing that marriage should be monogamous and permanent. It is necessary to the State that its citizens should be well brought up. That children should be instructed in the great moral principles by precept and example. This can not well be done anywhere save in the home. It seems that the object to be obtained is so desirable that great personal and public sacrifices ought to be made to preserve the marriage institution in its permanency.

To this end there have been suggested a great variety of remedies, and the laxity of which we complain has been attributed to a great variety of causes. Some people counsel greater prudence in contracting marriage. They urge the postponement of the event until more mature age and better financial prospects. Yet it is just as frequent for connubial unhappiness leading to separation to occur among the financially well-to-do as among the poor and laboring classes, and just as frequent for it to occur among those who marry late in life after the character has become inelastic and unmouldable as in the more youthful.

Those who cling closely to church traditions and affiliations attribute the frequency of divorce to a progressive infidelity, a sort of weakening of religious influences. A prominent preacher told me that he believed the prevalence of divorce was due to the law permitting civil marriages. He said that those who had their marriage ceremony performed by a justice of the peace did not consider the tie so binding as when it had been performed by a regular minister of the gospel. I suggested that what was eating him might be only a depreciation of revenue, due to loss of fees. General observation of divorce records would not lead one to believe what he claimed to be a fact. Divorces do not occur more frequently among couples married in this

manner, except in localities where a large number of the so-called Bohemian caste reside. These unstable elements of society are prone to divorce, owing principally to their nomadic tendencies. Many of them are entirely promiscuous in their sexual relations, not even taking the trouble to either marry or obtain divorce. Where they do marry, the third element of the family, the children, is missing. Homes are seldom or never formed. Church influence requires a permanent place of abode, and for this reason this class of people often resort to a civil marriage, whenever they have sufficient regard for social formalities to marry at all. It is a fact, which is vouched for by every respectable and truthful record, that in countries such as Mexico, where the law has made marriage expensive, the illicit family relations entered into by the people are just as permanent, in every respect, as real marriage. And in some isolated localities, such curious proceedings as jumping over a broomstick are seriously considered as being quite essential to the strict legality of the bond. I believe there is no doubt that a moral defect or inadequacy enters into the cause of every individual divorce, should the conduct of the parties be fully known and compared with the best local standards of right and wrong. The defect may exist in and be the fault of either one or both of the contracting parties, generally both. This defect usually acts as an exciting cause, a sort of igniting spark, which sets off a long train of inflammable powder, over which and in the midst of which the couple has been treading for years.

These causes are, we believe, social, and lie much deeper in the history and habits of this generation. It is the theory of law that moral defects are correctable to a certain extent by force, but the favorable social circumstances for such correction, which exert such a pressure on the moral inadequacies, are a problem, indeed. It is for the purpose of making some inquiry in these circumstances that this paper is written. It seems to me that it is impossible to understand the causes of divorce, unless we understand the objects to be attained by any system of marriage, from every point of view, physical, historical, social and religious. We should try to

ascertain the causes which tend to make the relation permanent, and the causes which tend to make it transitory. The causes which tend to the system of monogamy, and those which tend to the permission of polygamy or may be polyandria.

Let us endeavor to find out what the original condition was when the race was still in the savage state, and why it changed. The God that reigns on earth is the God of "things as they are;" however, we may, in our ideals, worship the God of "things as they should be." It is evident to all thinking people, and especially to one whose profession takes him into the midst of families other than his own, that society always wears a great mask. It is, perhaps, well and proper that this mask should be worn. The green moss of Nature's forest covers a mass of rottenness and decay, and renders the surface beautiful to the eye. But we must look beneath this mask for the causes of things. It is here that the wheels go round that move the hands upon the dial. It is here that hidden springs exert their influence. It is here that the real character of a people brews, like the leaven in the lump, while a smiling reputation grows veridantly overhead.

Marriage was established by God, in the days of man's innocence, so says the ancient Episcopal service. This is, indeed, true, but, perhaps, not exactly in the same sense, that every newly-made bride may look at the matter. In the most primitive society there has always been some sort of a ceremony, or process, by which a man might take a woman into a family relation with himself, and all other men recognize in him a special right, or claim, to her allegiance, service and association. Among one race only, and for good and sufficient reasons, this tie has for thousands of generations been a monogamous one, and very close and strong, while amongst other races, for an equally forcible and intelligent reason, the tie has been a weak, and temporary one. Every person, who thinks in a clear and connected manner, recognizes the fact of sexual incompleteness in the single individual. This incompleteness marks a certain degree of advance in the evolutionary scale, as the lowest orders

of plant and animal life are hermaphroditic.

Attempts at reversion to this type, both physical and mental, are occasionally seen, even in the human species. The first sign of leaving the primitive hermaphroditic state is an ever-increasing difficulty of auto-fertilization, and a final loss of that power altogether. Then appears a separation of the fertilizing apparatus, in the individual, such as may be observed in the tapeworm among animals, and in such plants as the alder and Indian corn. Here the individual retains the power of procreation by way of either sex, with other plants or animals of the same kind, but has lost the power of self-fertilization. Later, both in plants and animals, comes the entire separation of individuals into true males and females. This would seem to indicate that Nature herself recognizes the incompleteness of the sexes, as they exist alone, and the necessity for a union, both for sake of individual development, and for the preservation of the species. In this way marriage becomes the restoration of the original sexual union in nature. The two are made one. The separated halves are brought together, the one the true complement of the other. The most complete man or woman is the one with all faculties thoroughly developed, and in harmonious activity. No one of sound mind can, for a moment, claim that such a development is possible in any sort of organic existence where the two sexual elements are apart, the one from the other. This increased perfection of development is not only physical, but mental, moral, and, if you please, spiritual as well, if it be possible to correctly define what is meant by the term.

If there is such a thing as an inalienable human right, it is for each individual to develop, to the full capacity, every normal faculty and to have satisfied every normal appetite. The oldest laws do not recognize the individual at all, but merge the husband, wife and children all in one whole, and even to this day the law looks upon them in the same way. The cornerstone of marriage is physical, and first of all, the law recognizes the physical essentials. Without approximate physical perfection no marriage can exist.

No matter how many ceremonies are performed, or what the degree of their solemnity, the marriage is null and void *ab initio*. It must not only be possible for the couple to live together as man and wife, but they must absolutely do so, or the marriage is not consummated.

6778 Manchester Avenue.

[Written for the MEDICAL BRIEF.]

On the Treatment of Sprains.

BY WALTER URBAN KENNEDY, M D.,
Professor of Fractures and Dislocations in
Barnes Medical College,
St. Louis, Mo.

The treatment of sprains is a matter of great interest to the general practitioner, since it embodies conditions which are very frequently found, and which are at great variance, under our present knowledge, with previously conceived ideas of the pathology of the subject. Sprains are probably the most common surgical injury, and result from both direct and indirect violence, and may occur at any portion of the body, but more frequently at the lower portions of the extremities, particularly about the ankle joint.

The essential lesion in the condition called sprain is invariably a subcutaneous laceration of tissue, whether that tissue be ligament or muscle. It occurs in an upper extremity more frequently as a result of a fall on the outstretched hands, the lifting of weight, or in the act of throwing, and is usually found about the tendinous insertions of the muscles of the forearm. In the lower extremities it occurs principally as the result of indirect violence, such as that caused by a mis step, turning over of the foot, or in the act of stumbling. Its rare occurrence in other parts of the body is explained by the pathological condition which, as I have stated above, is essentially a laceration. It being a well-known fact that tendons have a tensile strength greater than bone, it follows that a sudden extreme tension of the tendon may, instead of causing a tear of that tendon, cause a separation of a blade of bone corresponding to the insertion of the tendon.

To this form of sprain I wish to direct particular attention. It is more common about the ankle joint, and is, I believe, in an extremely large percentage of all injuries at this joint. It has been our custom from time immemorial to treat this condition as a simple traumatic injury, not taking into consideration the extent or even possibility of a bone lesion. In so doing we have frequently failed to achieve a permanent favorable result, leaving a permanently weakened condition of the ankle, which recurs at various times and proves very annoying to the patient.

From the size of the tendons, particularly those of the inner side at the lower portion of the leg, one can readily conceive that the tensile strength of these tendons is very great, and since the attachment of these tendons is to a great extent about portions of bone known as the malleoli, and since these malleoli are comparatively fragile, it is to be expected that whether or not a laceration of the tendon or ligament occurs, that a portion or all of the malleoli might be broken. Such I have most frequently found to be the case, the amount of injury to the malleoli varying from complete separation to a separation of a flake of bone. Repeatedly, because of the illy-defined nature of the injury, I have had X-Ray pictures made, and have been able to demonstrate very satisfactorily the separation of a small flake of bone or of the malleolus.

Now, it is in just these conditions that our older methods of treatment by means of hot applications are so unsuccessful, so far as the ultimate results are concerned, that a better method of treatment based upon a sounder conception of the pathological condition of the bone, a more accurate localization of the injury, and a more thorough examination of the exact extent of the injury will give us correspondingly better and more permanently useful limbs.

The clinical signs of sprain, whether they be at the ankle joint or any other portion of the body, remains the same; there being the history of the traumatism, localized pain, quickly followed by swelling, and immobility of the part, followed

by a local temperature, is such as to render the condition easy to diagnose, even by a layman. Because of the commonly conceived ideas, it has not been the usual custom to thoroughly and accurately examine the sprain, and for that reason, perhaps more than any other, it has not been generally recognized that there is usually this partial separation of bone. It may be taken as a safe rule that an *acutely* localized point of pain about the malleolus, resulting from so-called sprain, is, in reality, a bone injury. Now, based upon our treatment of fractures of other portions of the body, it seems more logical to treat a separation of bone, which is in itself a partial fracture, even though it be denominated as a sprain, in the same manner in which we would treat other fractures. By so doing we limit the pain, the duration of the loss of function in the limb, and assure a physiologic repair, since in those cases there is probably never a true and wide separation of the fragments. It has been my invariable custom to firmly immobilize an injury at the ankle joint by means of a plaster of paris splint, after giving the limb time to have developed the utmost limit of swelling, and to absolutely prohibit the use of the limb for from one to two weeks, following this by an application of an elastic bandage, usually in the form of an anklet. The results by this method of treatment have been so thoroughly satisfactory as to justify its further continuance, and to justify the recommendation that it be made the usual practice in the treatment of so-called sprains, and that its use be further extended to the sprain conditions of other portions of the body, since it is based upon a sound physiologic method of treatment, viz., absolute limitation of function and the consequent beneficial influence of absolute rest. Following the use of that method of treatment we may confidently assure the patient that the result of the accident will be *nil*, that the limb will not give him any further trouble, either by pain or swelling, and that there will be no possibility of a recurrence of the condition.

[Written for the MEDICAL BRIEF.]

Concerning Rectal Examinations.

BY H. A. MORRISS, M. D.,

Professor of Rectal Surgery and Diseases
of the Rectum in the St. Louis College
of Physicians and Surgeons,
St. Louis, Mo.

That branch of medicine and surgery known as rectal diseases offers to the charlatan success, and a field unlimited, not even approached in its magnitude by that more popularly heralded division known as "private diseases of men." All classes and both sexes are represented, and the results obtained are considered by the laity but little short of marvelous. The condition has been rapidly recognized by the adherents of unethical medicine as a field of enormous proportions, remunerative and gratifying in results. It has been relegated to this class largely through the lack of appreciation on the part of the ethical practitioner, partly on account of ignorance of its possibilities, occasionally on account of indolence or apathy, and generally caused by unsatisfactory methods and instruments employed in examination and diagnosis.

It is scarcely surprising that profound anesthesia is resorted to in simple rectal examinations when we observe the introduction through a fissure or inflamed canal of any of the self-retained speculums. One experience of this kind is enough to drive the hyperesthetic patient to morphine or the charlatan. Bivalve, trivalve and wire speculums are not only delicate instruments of torture, but are a menace to the continuity of the most healthy mucosa. Pneumatic proctoscopes and colonoscopes are almost useless so far as their practical effect is concerned. Theoretically they were attractive when first introduced a few years ago. They are not practical, first, because the sphincter does not grasp them with sufficient force to prevent the escape of air. Second, because distension beyond the normal tone of the organ leads to involuntary contraction, and requires some seconds to resume its previous caliber.

The anus, rectum and sigmoid flexure are best examined in the exaggerated knee chest position. Corsets, belts, etc.,

which do not allow perfect abdominal and thoracic freedom must be removed.

After inspection and cleansing of the external organ, the cavity must be flushed, a gentle shallow lavage of the rectum will remove whatever accumulation there may be. Temperature of lavage should be about the body temperature, and must not be given in a recumbent position, must never reach to the flexure, otherwise the site of examination may be deluged at an inopportune time.

Extreme gentleness is the first rule to be observed. There is no membrane in the body which in an inflamed condition is so sensitive as the muco-cutaneous border of the anus. Digital examination must precede the introduction of the instrument to determine the presence of abnormalities which might interfere with passage. The finger should be well lubricated with a soluble lubricant.

Should there be a hyperesthetic condition present, a suppository of opium inserted half an hour prior to examination will add greatly to the comfort of the patient. And immediately preceding the examination a cocaine tablet should be dissolved upon the surface or within the external sphincter.

The instrument should be slowly introduced; pointing anterior to the longitudinal axis of the body, until well within the external sphincter, then should slowly be directed posteriorly and slightly to the left of the median line until well into the rectum.

The instrument best adapted to this purpose is a plain tubular proctoscope, with an obturator, and should contain either attached or detached, a cold lamp.

Inflation is not necessary in this method from the fact that inflation is produced from the negative pressure of the knee-chest position. Likewise, it is not necessary after the internal sphincter has been passed to continue using the obturator, and the tube can be slowly introduced clear to the colon without the obturator, because the cavity is then distended. Applications and cauterizations can be carried on through this tube, as can minor operative procedures, cauterizing injections, etc.

357 Century Building.

[Written for the MEDICAL BRIEF.]

Pathological Conditions of Mother or Fetus, Warranting the Induction of Abortion.

BY JOHN C. MURPHY, A. M., M. D.,

Professor of Obstetrics in St. Louis College of Physicians and Surgeons; Obstetrician to the Jefferson Hospital; Gynecologist to the Woman's Hospital of Missouri; President of the St. Louis Academy of Medical and Surgical Sciences, Etc., Etc. St. Louis, Mo.

When we are considering the problem of bringing pregnancy to a premature termination, we are called upon to decide the gravest problem that human intelligence is called upon to solve. It brings into direct conflict the law of man which holds that the mother's right to live is paramount to those of the offspring, and the Supreme law which says, "Thou shall not kill."

The induction of labor prior to the period of viability practically means the destruction of the life of the fetus, that the mother's life may be saved. It is not my privilege to dictate your policy when confronted with a problem of this kind, as it is a matter each must decide for himself, and the moral phase of the matter each must answer according to his own beliefs.

When it becomes necessary to terminate gestation after fetal viability, or before maturity, two lives are to be considered. The most favorable time for the induction of labor is from four to eight weeks before term, as all the diameters of the fetal skull are about one centimeter shorter than at full term.

Indications for Abortion.—Abortion is indicated in the presence of some grave pathological condition of the mother or fetus which endangers the maternal life, grave diseases of the fetal appendages, as cystic diseases of the chorion, acute hydramnios, embryonic death. The maternal indications are, pelvic tumors or exudates, incarceration of the retroflexed or prolapsed uterus, undilatable atresia, or stenosis of the cervix or vagina, irreducible hernia of the gravid uterus, or cervical cancer, and extreme pelvic contractions.

Serious systemic diseases of the mother as pernicious vomiting, pronounced

and increasing anemia, progressive nephritis, marked emphysematous conditions, chronic cardiac diseases, aneurism of the aorta, and in the extreme forms of chorea, insanity or acute mania.

The existence of these conditions must put the practitioner on his guard, but it is not to be understood that their presence in a modified form gives license to terminate the life of the fetus, as certain of the conditions mentioned, as vomiting, albuminuria and anemia, and certain cardiac disturbances to a modified degree, are more or less physiologic processes of pregnancy, and it is only when these conditions become exaggerated and the mother's life is in imminent danger that abortion is to be thought of or considered.

The difference between nephritis and the kidney of pregnancy must be given due consideration before we decide to empty the uterus for possible nephritis. Albuminuria exists in about six or eight per cent of all pregnant women, and the presence of albuminuria, unless complicated by renal epithelium and other indications of grave organic disturbance of the kidney should not be taken as an indication of a destructive process. Chorea and other nervous phenomena may exist without marked hindrance to the mother or to the development of the fetus. So here again hasty judgment is not warranted. No matter how thoroughly convinced a man may be that abortion is indicated, he should not assume so grave a responsibility without the advice and counsel of at least one other competent physician, and the consent of the patient, as a matter of course, for the reason that an error in judgment means a sacrifice of a human life.

Methods of Terminating Gestation.—There are numerous methods of emptying the uterus during the early months of pregnancy.

Cervical and vaginal tamponade—The vagina is thoroughly cleansed by hot water douche followed by a thorough scrubbing with sterile water and green soap, cotton being used instead of a brush. The vagina is then irrigated with a one two-thousandth solution of bichloride and dried with sterile cotton. The cervix is then caught with a volsella, and partially dilated with a metallic

dilator until the cervical canal will admit the index finger. The cervix is then packed up to the internal os with a strip of iodoform gauze, the vagina is packed with a separate piece of sterile gauze; this packing is allowed to remain for from twelve to twenty-four hours, and then removed. If the expulsion of the ovum has not taken place, the packing is repeated and allowed to remain for a like period. If at the end of this period the ovum still remains within the uterus, more active measures are indicated. The method in my hands that has proved the most trustworthy and efficacious is rapid dilatation of the cervix, and removal of the ovum by the placental forceps, or in the early stage of pregnancy the ovum may be removed by the introduction of the finger into the uterine cavity, using the nail as a curette.

Of course it is understood that the most rigid asepsis is practiced during this entire procedure in the preparation of the field of operation, the hands of the surgeon and the instruments used. The possibility of producing infection is particularly great at this time, for the reason that the processes of Nature are brought to an abrupt termination when Nature is least prepared to withstand shock. The uterine sinuses are open, the glandular structure of the uterus is much more active, and the possibility of taking up infection and conveying it to the different parts of the body is much greater in the presence of glandular activity than when the glands are in a quiescent state.

If the metallic curette be used, great care must be taken to prevent perforating the uterus. It is not necessary to dig down into the underlying tissues of the uterus in removing the products of conception at this stage; by so doing we destroy the entire endometrium, and the accident may happen which has often happened, viz., the obliteration of the uterine cavity resulting from the union of the two raw surfaces of the anterior and posterior uterine wall, thereby doing away with the possibility of future conceptions, and the function of menstruation. Unless great care is observed, the curette is a dangerous as well as useful instrument. The curetting should be confined to the portion of the uterus to which the ovum and pla-

centa were attached. After the completion of this procedure, the cavity should be irrigated with sterile water, and packed with iodoform gauze as a drain, which is to be removed in twenty-four hours, after which carbolized or bichloride douches may be given once a day. The patient should remain in bed at least two weeks after the operation.

4263 Morgan Street.

[Written for the MEDICAL BRIEF.]

Railway Surgery.

BY H. C. FAIRBROTHER, M. D.,

Professor of Railway and Military Surgery in the
Medical Department of St. Louis University,
East St. Louis, Ill.

Railway surgery is not a specialty. It has some things in common with all surgery, yet it has some special features which characterize it. The emergency character of the call is more marked than that which belongs to general surgery. The great force producing the injury makes that injury different from the average one, and the frequent litigation connected with railway injuries mark them from private surgery; likewise the soldier-like life of many railroad men make their treatment a special one.

The advantages of railway surgery, like all corporation surgery, are several in number:

1. To the injured man himself.
2. To the corporation.
3. To the medical profession.
4. To the public, and
5. To the railway surgeon.

The advantages to the injured man are beyond all calculation. Railway surgery is of recent date. One or two decades cover the period of systematic railway surgery. Prior to that time the injured man on a railway was left to the mercies of all hazard. When the railroad man received a wound which badly crushed or mangled the hand, all was chaos with regard to treatment. Nothing was understood as to what should be done. He was probably conveyed to his boarding-house, some one or more physicians were called either by his fellow employees or the keeper of the boarding-house.

Such was the uncertainty of remuneration in railway surgery in former days

that all the better class of surgeons who valued their time and skill sought to escape this practice, and the treatment of the railroad men fell into the hands of those who placed no value upon their time and skill.

In those times no hospital arrangements were enjoyed; the injured man was conveyed to his room in his boarding-house, and probably by the light of a poor coal oil lamp, and the septic surroundings of a dirty room, with no arrangements for proper cleanliness, one or more fingers were amputated, and the hand wrapped up as well as could be looked for under the circumstances.

The consequences of such surgery were easily to be imagined. Not only hands were lost, but lives were lost by such want of preparation.

How different it is under the present systematic arrangements of nearly every railroad in the United States. Now when an accident occurs, within a few minutes the patient is either attended on the spot by a surgeon well versed and skillful in modern aseptic surgery, or conveyed to a clean room, either in the surgeon's office or at the hospital, and everything done that modern surgery is capable of doing to obtain the best possible results.

It is of advantage to the corporation in the same way that it is of advantage to the patient himself. The railroad company is just as desirous of obtaining good results from all injuries in connection with the operation of their road, as the patients themselves. It is important to them that recovery is had at as early a time as possible, with the very best possible results. They desire this not only from a humanitarian standpoint, but on account of the pecuniary loss, as in nearly all these cases there is a financial problem.

It is of advantage to the public, as under the former lax arrangements for the care of the injured, hotels and boarding-houses, and all who contributed in any way to the care of the railway injured were very liable to obtain no return. There was no understanding with regard to responsibility in whatever was furnished, and when all was over, the injured man generally settled with the railway company, receiving the amount of

his settlement himself, and his board bill and damage to room, drug bills, and all other accounts in connection with his injury were usually left unpaid.

It is of advantage to the general profession in this, that all members of the profession are not railway surgeons. The profession of medicine and surgery is gradually divided up into specialties. It is only along these lines that progress is made. For example, in a city of twenty physicians there may be but one or two who have skill in, or care to practice railway surgery. It is of no advantage to the man who devotes the greater portion of his time to obstetrics or gynecology to be called to attend a railway case. He is not prepared for that kind of work, and has no taste for it. But under the present system, men who have an inclination for this emergency kind of work, and who are not unwilling to make all the various preparations required therefor are the ones who do the work. Thus by a proper division of labor the profession is benefited.

The railway surgeon himself is the recipient of many benefits. The majority of railway companies remunerate the surgeon equal to the average fee bill rates. In addition to this, transportation is generally given, not only the railway surgeon himself, but to his family. Also it is a matter of much prestige, especially to the young surgeon starting in life, to be accounted in his community as one selected by a railroad company to perform their surgical work.

500 North Tenth Street.

[Written for the MEDICAL BRIEF.]

Deficient Diagnosis.

BY E. R. WATERHOUSE, M. D.,
St. Louis, Mo.

The average physician leaves his college and launches his professional career upon the sea of uncertainties, believing that the wisdom of Solomon "wasn't in it" with him, but soon he runs against obstacles that knocks all of his professional "wind" out of him, and he loses no little faith in medicine. These obstacles are mostly due to a wrong teaching of diagnosis, or more properly speaking, a deficient

diagnosis, because his teacher stopped before he got there.

Why do we diagnose a case? Simply that we may know how to treat it. By what means do we arrive at a diagnosis? By taking account of presenting symptoms. Improper diagnosis means improper treatment, then the conclusion must be that the more complete that diagnosis is, the better the treatment will be that is to follow. Many of us are too slow to learn a new lesson, and many of us are prone to say "the devil owns all of the camps but ours," and whatever originates in this supposed camp of the devil should never receive consideration, or investigation from us, while to many "on the fence" it is not quite clear which camp is the property of his Satanic Majesty.

Bill Jones applies to a young physician (I say young physician because they are not so easily offended as the older ones). The doctor says, "Jones, you have the rheumatism." This would be all right so far as to let Jones and his friends know what sort of a disease was "pestering" the patient, if he would only stop there, but he then has named it, and, therefore, closes his eyes and ears to any farther information concerning his case, but proceeds to hunt a recipe out of his "knott" or some book, which someone has told him is "good for rheumatism," and fires it at the name "rheumatism," regardless of any condition that makes up the disease, and he possibly may hit the "bull's-eye" once in twelve or fifteen times.

To illustrate: We seat twelve cases of rheumatism before us; popular diagnosis decrees the same treatment, because they are all cases of rheumatism, still to carry our diagnosis into more minute details, we find that no two of these cases are alike, and no two of them will improve under the same treatment.

The first of these cases tells us that when they are still, there is no pain, but any motion hurts. Rest and quiet alleviates. Cold aggravates; heat alleviates. In this class of cases, or cases showing this group of symptoms, experience and observation has proven that bryonia is the ruling remedy, and will relieve and cure sooner than any other drug. The pain caused by motion is because the trouble

is in the muscles near the joints, and when there is rest there is no pain.

The next case is exactly the opposite in all its symptoms. Cold relieves and heat increases the discomfort. Rest aggravates, while motion relieves. Here we will use rhus toxicodendron, and soon the patient is better. Bryonia will put the rhus tox. case in bed, and so should the rhus tox. be given to a bryonia case.

The next case we find the joints swollen and red. It is an inflammatory rheumatism. Neither heat nor cold, rest nor motion seems to change the continued pains. We will, in this case, give sodium salicylate with the indicated sedatives, and soon we note the improvement.

To the next case none of the symptoms above mentioned will apply. The only thing that we can note aside from what the patient tells us is that all the mucous membranes are light in color, tongue nearly white. Turn up the eye-lid and it is too white, also the finger-nails are too light in color. Here we have a case where the whole system is filled up with the product of fermentation, and we will cure this patient with bi-carbonate of soda. Half teaspoonful in half glass water every three or four hours. Here the soda unites with the free acids, lactic-butyric or other, and forming a neutral salt not only neutralizes the acids, but acts upon the kidneys, causing an increase in the solids eliminated, and thereby ridding the system of the offending substance.

Still another case may show this light color of the mucous membranes, but here it is a dirty white color, and an antiseptic in combination with an alkali is demanded, and we cure the case with sulphite of soda.

The next case shows exactly the opposite condition from the one that is cured with the simple soda-bicarbonate, or sal-aratus. Tongue, lips, eyelids and finger nails all show an abnormal redness. Here the system is lacking in acid, patient craves pickles and sour things. If light red, vegetable acids are called for, and we will give lemon juice, hard cider, etc. If a dusky red, here is a demand for an antiseptic in combination with an acid, and we think of sulphurous acid, or muriatic acid. Or, if there is a purplish color of these membranes, we think of nitric

acid. Put enough of designated acid into a pitcher of water to make a pleasant, agreeable sour, and direct the patient to use it freely.

The next case we find is that some years before he had a disease that he did not get at Sunday-school, and we cure him with generous doses of iodide of potash.

The next case the rheumatic pain is down the back of the neck, radiating to the shoulder blades with every motion of the body. See, here motion increases the pain, and again we think of bryonia, in combination with sticta. Why? Because long experience and observation has shown that sticta acts upon this particular muscular structure, as digitalis acts upon the heart, or juniper berries upon the kidneys.

Next. Here we find a poor fellow with soreness about the soles of his feet. It is a miserable, annoying feeling, that endangers one's religion, there may be cramps about the calf of the legs, that catch him when asleep. If it is a lady patient, at near the change of life, cramps of the legs are almost sure to be there. The remedy is sulphur. One part to nine parts sugar, to be triturated together thoroughly, giving a dose of one grain of this mixture, or equivalent of one-tenth of a grain of the original sulphur. Give this until the patient smells like the breath of an old-time Presbyterian clergyman. Says one, "Why not give a teaspoonful of sulphur?" Simply because sulphur is a cathartic, and passes the patient as pure sulphur, that is, unchanged, as a cherry-pit passes a hen. While in small doses it requires nearly a week for the sulphur to make its round through the system, being changed by the juices into a sulphide, and after going the rounds of the glandular system, is eliminated through the skin. The dose being so small that it loses its cathartic action. A few doses even as small as a fiftieth of a grain each, will blacken a watch in the pocket of a patient, while doses of a teaspoonful will not affect it in the least. Just how this sulphide gas cures these cases of rheumatics we do not know, but sulphur being used in the laboratory of the hepatic apparatus, it probably cures by supplying a needed element.

Next. Here the pain is in some of the larger muscles, as a succession of small throbbing aches, *cimicifuga*. If motion makes pain worse, add bryonia. Or if rest causes more pain add *rhustox*, instead.

Next. Here the pain involves the sciatic nerve, and we think of *colchicum*. If motion increases pain, add bryonia, etc., etc., and so we might go on through twice twelve cases, and no two of them would be treated alike.

Says one hard head, "You are treating symptoms, while we treat diseases," which I deny. Symptoms point us to a closer and clearer diagnosis of conditions. How would we know a broken leg from a tooth-ache, were it not for the presenting symptoms? The belief, almost general with old-time physicians in idiosyncrasies, and that remedies do not act upon all people alike, is almost groundless, like remedies under like conditions influence the system in uniform ways, but different actions of like remedies, is because of our inability to know that the conditions are the same in the one case as in the other. We should study our diagnosis in connection with our remedies, and make our diagnosis rather to bring to mind the curative drug, than to give some arbitrary name to the group of pathological conditions. Don't give a remedy because Dr. Bartholow, or Dr. Wood, said this is good in pneumonia, or in rheumatism. This procedure might have satisfied us a hundred years ago, but now it is too indefinite, carry your diagnosis down to a finer point, and analyze each symptom, until you can almost call your remedies specifics, so sure will you be of the action you are to get. Of course, we do not believe there is any specifics for disease, according to the old system of diagnosis, but there are specifics for certain pathological conditions, and when those conditions continue a disease, their removal cures the whole train of troubles.

The question comes, "Who's therapeutics is this?" It is mine. It is yours, or any one's who has cultivated the art of doing their own thinking, and is no longer a parrot, echoing what some doctor-made saint in medicine has said, in his Physician's Receipt-Book.

Volumes could be written upon this text, and which would convert the prac-

tice of therapeutics into a train of certainties, where we now have a string of very uncertain quantities. The average medical student attends the lectures on *materia medica* solely for the lot of receipts and formulas that he gets, while the teachings should be to fit the drug actions to pathological conditions, which are shadowed out by symptoms, and thereby fit the young physician to make his own receipts from a definite knowledge of the relationship between disease and drug action. I say young physician, because when a physician gets into a rut, it is harder to get him out of it than to get a "nigger" out of a melon patch.

1416 Chouteau Avenue.

[Written for the MEDICAL BRIEF.]

"The Dangers of the Microscope in the Early Diagnosis of Pulmonary Tuberculosis."

BY ROBERT L. WATKINS, M. D.,
New York City.

I have been much interested in an article published last month in a contemporary medical journal by Dr. Herbert C. Clapp, of Boston, entitled "The Dangers of the Microscope in the Early Diagnosis of Pulmonary Tuberculosis." It is very plain to see that the writer of this article has told a straightforward story—the very words seem to breathe the air of honest observation and long and thorough experience. I congratulate him on his paper and his confirmation of facts which have been known by a minority of investigators for a number of years. I doubt if there are very many observers of pulmonary tuberculosis who do not have the same experience as Dr. Clapp, viz., that the tubercle bacilli are often not found in the sputum until there is ulceration or some breaking down of the tubercles in the lungs, and even then the tubercle bacilli are not constant, for a partial healing of these ulcers prevents them from appearing in the sputum.

Dr. Clapp calls attention to the failure of the sputum test, and also the physical examination test in making an early diagnosis of tuberculosis: "They both give us no help at the very time when proper help

does the most good, viz., in the early stage of tuberculosis."

"We want to be told when a burglar is trying to get into our house, and not wait until he has ransacked our possessions, and perhaps fatally injured us."

"Again, many people have been treated for tuberculosis who did not have it."

The quotations above are from the pen of Dr. J. W. Moore, who also, in the *Journal of Hematology* of June, 1901, says, "That it should be borne in mind that the lungs are not the clearing house of tuberculosis, and it is beginning to dawn on some of the 'sputum testers' that there is something wrong in their methods, by reason of their failure to detect consumption in the early stages."

Tuberculosis is first visible microscopically in the blood. It has been detected there by the two Drs. Salisbury, the two Drs. Cutter, Dr. J. W. Moore, Dr. Kellogg, myself, and many others, all of whom have practised this method many years. It is a very simple process to take a drop of blood, put it under a low power objective, and observe the products that are deposited in the lungs which help to form the tubercles. These tubercles break down, the bacilli appear, and are coughed up in the sputum. It is very easy to detect the earlier stages of tuberculosis by blood examination, for the condition of the blood shows this before there is any deposit of tubercular matter in the lungs. Paragraphs could be quoted from the valuable paper of Dr. Clapp's, but it would make this article too long, and my desire is simply to point out the fact that tuberculosis is visible in the blood stream, and can be seen there by the general practitioner if he will dust off his microscope, and make a few observations beginning on the most advanced cases. Proof of the above will be forthcoming from any of the above-named gentlemen if desired.

20 West Thirty-Fourth Street.

Please find enclosed check for one dollar, for which continue the BRIEF for 1905. Soon after I commenced to take the BRIEF there was a prescription in it that was worth more to me than twice twenty-five or thirty dollars. I still want the BRIEF.—W. A. SCOTT, M. D., Thomasville, Ala.

[Written for the MEDICAL BRIEF.]

Warfare on Tuberculosis—Lung Excretion and Fermentation as Related to Tuberculosis—The Body Heat and Force—Fat Foods in Their Maintenance for the Prevention of Tuberculosis.

BY THOS. BASSETT KEYES, M. D.,

Professor of Tuberculosis, Jenner Medical College; Chairman of the First Organization Committee of the American Congress of Tuberculosis; and one of the Vice-Presidents at the International Congress of Tuberculosis, St. Louis, 1904; Editor of "The Tubercle" (a journal on Tuberculosis) from 1897 to 1903, Etc.; Medical Director Camp Keyes (established 1900), an Out-Door Camp for Treatment of the Tubercular, in the Piney Woods of Northern Wisconsin, Etc. Chicago, Ill.

[Paper No. 3.]

THE IMPORTANCE OF BODY HEAT IN THE PREVENTION OF CONSUMPTION.

The Excretions.—The excretions of the body are in main carried away through the feces, by action of the intestines, the urine, by action of the kidney, the perspiration from the skin, water and gases from the lungs.

The feces consist mainly of the undigested, unassimilated parts of the food taken into the alimentary canal, while the other excretions are end products of food, after assimilation. Nitrogenous foods are excreted mostly in the urine, while the hydrocarbons and carbohydrons assimilated, are mostly excreted by the lungs, the fats being oxydized, and excreted as carbon and hydrogen.

Excretion of Lungs.—The lungs excrete from six to twenty-seven ounces of water each twenty-four hours, the amount being governed by circumstances and surroundings, such as the amount of air respired, the dryness of the air, for the dryer the air the more water expired; the temperature of the air, for the lower it is the less the amount of water expired, and the length of the respirations, for the air in rapid respirations does not have time to become saturated with the watery vapor. The average amount of water excreted by the lungs is from nine to ten ounces, with some carbonic acid, free ammonia, and a minute amount of organic matter.

Co-Relation of Excretory Organs.—This excretion may vary, according to conditions, and the workings of the skin and kidneys; where the kidneys refuse to work, as in uremia, the odor of urea is prominent in the breath and secretions of the skin; sweetish odor of the breath is also often characteristic of diabetics. If, for any reason, the body is cooled too rapidly, the perspiration and kidney functions are often checked to such an extent that they do not carry off the organic matter which they should, some of which may then be carried off by the lungs. Even anger, strong emotions, and fear may increase or check secretions.

Cold, exposure, want of food, want of sleep, and irregular habits, all tend to weaken vitality, and alter secretions. The conditions of the body as to health, and its reserve store of adipose, and other individual conditions at the time of exposure, may either exaggerate the action of cold or augment the force of resistance. We all know, from personal experience, that when the body cools too rapidly we are very likely to take a "cold," characterized by the formation of mucus from the membrane of the throat, or if more severe, of the lungs, and if the system is "run down," this cold may result in acute disease, bronchitis, or pneumonia, or it may become chronic, and after the lapse of a few months it is very general to find the tubercle bacilli.

Fermentation of Lung Excretions.—The loss of heat which the body sustained from exposure, or lack of heat-producing foods, and which resulted in the "cold," may have caused a condensation of the watery products of the breath, which, because of checked excretion from the skin and kidneys, may have contained more organic material, and given rise to a species of fermentation, or the soil for germ development, and thus, "The condensed aqueous vapor is found soon to decompose, and to contain substances which are of a poisonous nature."—Kirk: Text Book of Phys., p. 283.

One of the first symptoms of "taking cold" is to sneeze; we do this to expel condensed watery vapor, later we may cough. As vapor rises it would be more likely to condense in the apex of the lung, as vapor formed there would not

have as good a chance of escape as if rising from lower in the lung.

As the body has lost heat from exposure, it is likely that the lungs will try to conserve part of the body heat, and not give up as much as when the body has its full supply, and thus it is that the "cold" affects the mucous membrane of our breathing organs, and, unless the body is supplied with sufficient heat-producing energy food, it will not be able to overcome the acute condition, which then becomes chronic, and often tubercular; on the other hand, no acute cold may have taken place before the implantation of the tubercle bacilli, or other germs, but these have found soil in which to grow, because of the lowered vitality of tissues, and lowered heat excretion, the degree and extent of which greatly influence the extent of development and pathology of disease; thus the tubercle may not be inflamed, may undergo cheesy, or fatty degeneration with disappearance of the germ, and thus be expelled, not causing any symptoms whatever, other than the lowered vitality from which the system has been, and previously suffered; the tubercle bacilli may give rise to a wide variation of pathological conditions, from chronic fibrous phthisis to acute, or chronic miliary tuberculosis, and with many phases of resistance, by which the body has endeavored to fortify the remaining healthy tissues, all corresponding to the energy and vitality of the body, which in the lung must depend more than any other tissue of the body upon the amount of heat it is able to give and maintain, since lack of heat, producing a "cold," affects the mucous membranes of the respiring organs more than any other of the body. In the Text Book of human physiology, by Landolt and Sterling, 1891, the effects of a sudden change of temperature, from warm to cold, are noted upon rabbits, which, when taken from a surrounding temperature of 35° C., and suddenly cooled, shiver and diarrhea may result. After two days the temperature rises 15° C., and albuminuria occurred, and there were microscopic traces of interstitial inflammation in the kidneys, liver, lungs, heart, and nerve sheaths, the dilated arteries of the liver and lung contained thrombi, and in the

neighborhood of the veins were accumulated leucocytes.

It will be seen that the effects of cold upon a rabbit produce many of the pathological changes which are noted early in pulmonary consumption, such as albuminuria, which has been noted as a frequent forerunner of tuberculosis, and which is often associated with poor fat assimilation, while the inflammation of the lungs, and other vital organs, shows how they have become weakened from their lack of the proper amount of heat, which was essential for their health. Though the temperature of the body seldom falls below normal, there are times when it must be able to give out greater heat to maintain the equilibrium of health.

In cold climates the body accustoms itself to the production of more heat, and such people have better appetites for heat-producing foods. If they do not eat such heat-producing foods then they are very much affected by the cold, are thin, anemic, and blue, for the blood then exhausts the elements from muscle and fat to produce the heat and force of the body; even the blood yields its own constituents to maintain the body heat, and, under these conditions, we see why the body becomes impoverished and bankrupt. On the other hand a cold climate is beneficial in the production of a vigorous constitution, and a healthy pair of lungs, providing we live upon a diet sufficient in those foods which supply heat, most prominent of which is fat. If a proper diet, composed largely of heat-producing foods, is eaten, then a cold climate soon accustoms the body to the production of heat, which is essential to the production of a vigorous vitality. Thus Arctic travelers, becoming accustomed to cold, may expose themselves with impunity, and even comfort, to a low temperature that would be attended with serious results in a Southern latitude, where the body had not accustomed itself to the production of heat, and where the body tissues had not accustomed themselves to be drawn upon to supply the heat, as in over-exposure. For this reason, in the treatment of the tubercular I prefer a cold climate; even in the Southern and Southwest States it is found that the tubercular patients

make more rapid headway toward health during the cold winter months.

But if the patient, or man, does not eat sufficient of the heat-producing foods then a cold climate is detrimental. If he wishes to be well as to body and lungs he must train his appetite to the use of heat foods, otherwise the paralyzing action of intense cold leads to diminished vitality of all body elements, making them liable, particularly, to such diseases as affect the respiratory tract, and this is the chief cause which furnishes the soil for the production of tuberculosis.

Further Importance of Bodily Heat.—

From the moment we are born, wrapped in our swaddling clothes, until death, all efforts to preserve health are first and last directed to prevent taking cold. Our first efforts to preserve the heat which the body produces is by clothing, a place of habitation, and by external heat; unconscious as to results, and the workings of the great human machine, most, or all people with chronic lung trouble are poor firemen, they do not feed themselves properly; while they may eat plenty in quantity, and supply their trained, pampered appetites, they do not eat sufficient of the heat-producing foods, which are so important to maintain the vital functions of the lungs, their force and resistance against disease.

The effects of heat applied externally are partly known, and often applied in every household, in the form of hot flat-irons and plates, or stones, and modernly by the hot-water bag. The use of heat by machines for its high development up to 400° F., applied to affected parts, I have used with most beneficial results to relieve pain and swelling after dislocations, and to produce rapid healing of fractures. That heat applied externally is of great therapeutic value in many cases, that proper maintenance of body heat by sufficient clothing and habitation is one of the primary essentials for the cure of disease, is apparent. That the maintenance of even bodily heat is important to life, we have evidence in the incubator, and that in the reduction of body heat there is corresponding reduction of vitality, and even before the temperature of the body is reduced there is deficient vitality of organs, noticeable

principally and first, in the respiratory organs.

If the body heat is not maintained at an even temperature it is due, in the case of fever, to diseased conditions; when the temperature is lower than normal we find lowered vitality, and conditions favoring the development of disease; the body may react and produce fever in its endeavor to rid itself of the pathological disease, but in this case its source of heat is usually drawn from the tissues, at their expense, which must waste and diminish in size; since proper food has not supplied the heat, it is not likely that the patient has any fat tissue upon his body, or it would have been drawn upon to supply the necessary heat and vitality, which would have overcome a reasonable amount of exposure. When a person eats a proper amount of heat-producing foods he is better enabled to ward off disease from his own source of body heat and vitality; when this food is not needed by the system it is stored up as fat tissue for a reserve fund of fuel upon which the body may draw if for any reason the person should be over-exposed. By its own thickness it also protects the heat of internal organs, and the body.

ADIPOSE TISSUE THE STORED FUEL OF THE BODY.

Healthy and Unhealthy Adipose.—Every well-nourished person should possess enough adipose to be plump, for adipose tissue is the stored fuel of the body, and a protection, the least of its uses being to protect the more vital tissues from cold, and thus from their own protected vitality, preserve heat and health. It is a great reserve fund stored, from which heat, energy, and consequent vitality may be drawn, and upon it is dependent greatly the force and resistance to disease of all organs, and more particularly the lungs. It is as easy to fatten men as it is animals; the secret lies in a proper diet, but the fat tissue which protects us from disease is that which is derived from fat and oil, rather than that derived from the assimilation of other foods. On account of the construction of fat tissue, and its variation of cell contents, from oily substance to watery, serous substance, we can readily see that the high-

est degree of vitality must come from that which has most substance for the production of heat and force, and the heat and force would not be derived so much from flabby fat, poor in oil, and should it be too watery, then it is often a burden to the body, a drone, requiring to be fed and nourished, and has little to give to supply the blood, which, under these conditions may become anemic. The importance of a healthy adipose, built up from fats and oils rather than other foods, will be better understood when we look into the digestion of fats, and their direct influence upon the blood cell.

Briefly, we may say that fats and oils pass through the intestine with very little change. The white cells are more abundant after a hearty meal, and seem to take up fats, waiting like animals to be fed. The blood varies as to the amount of fat it contains, varying from one-tenth to one-fifth, or even one per cent, and sometimes more, according to the amount eaten and digested. When oils are injected, as I have recommended in the treatment of tuberculosis, the number and size of the blood cells increase. Oils in the blood, whether from digestion or subcutaneous injections, are practically under the same condition. The subcutaneous injections of oil having only this to recommend themselves, that we can give them in larger quantities, and that we know they are absorbed, instead of passing out through the intestine without being absorbed. The healthy man should accustom himself to the use of fats, then they will be digested, and then he will never have tuberculosis.

It will be seen that oil absorbed should stimulate cell activity, and cell nutrition, for oil is an affinity which unites with the cells, and since all of the great theories of immunity, like Ehrlich's, are in main founded upon cell nutrition, it will be seen that the digestion of fats and oils play a great part in the maintenance of health, freedom from disease, and the production of cell activity.

A Healthy Person Should Not Develop Too Much Adipose Tissue.—We should not develop too much fat tissue, but rather a moderate amount of rich fat tissue, thus making ourselves immune

from many diseases, providing that we take exercise enough to keep up good muscular strength, and breathe deep enough to carry on a sufficient oxidation and transformation of fat tissue. It is agreed by the best authorities on obesity that it is not a disease until it reaches such proportions as to interfere with the circulation. We often see men engaged in sedentary occupations who have become so adipose, and consequently heavy that their undeveloped muscles become tired very easily when more than their customary work is performed, because of the great weight of fat which they carry, and because of their unusual work, and this we observe more particularly in those whose fat is built up more largely from farinaceous foods, and the flabby, watery, beer fat, rather than those whose fat is built up from fat and oil foods, and, as a consequence, rich in oil, and firm.

If we wish the greatest protection to our lungs a moderate amount of adipose development is desirable, but we should never allow the adipose to develop to such an extent as to become a burden, and a tiresome load to the system, for when once developed we cannot reduce it without great caution, or health will be interfered with. If the diet is too meagre, and the exercise too great, then gall stones may develop, and as the oily or watery part of the fat tissue only is reduced, leaving the connective tissue, or atrophied fat tissue, as it is called, the fuel from our storehouse becomes greatly reduced. It would have been better not to have allowed the fat tissue to have over-developed, which could have been done easily, when sufficient adipose had been developed, by breathing properly, and with moderate exercise. On the other hand, when the lungs become once chronically diseased, we need have no fear of over-development of fat tissue. Fat and tuberculosis are antagonistic, and directly opposite conditions prevail. If the tubercular patient becomes sufficiently nourished he becomes well. If he had eaten sufficient of fat and heat-producing foods he never would have had tuberculosis; therefore, when the lungs once become chronically diseased, or tubercular, fats and oils must be crowded to the greatest extent. To do this requires considerable experi-

ence, the fats must be disguised in rich dressings and bastings for meat, while foods devised for the amount of butter which they will disguise, with other foods which aid their digestion, must be given, and thus prevent, by their mechanical action, the too rapid passage of the fats from the intestine, and, consequently, their absorption and utility lost. I mention this relation of fat foods and fat tissue in the cure of diseased lungs that we may see its importance in maintaining healthy lungs.

Heat of the body should be maintained by the heat foods which we eat, in order to protect the tissues, and not cause too much bodily transformation of fuel foods, and that we may conserve the foods for other tissue demands, we must also wear clothing sufficient for the climate in which we live. Warm, dry feet are one of the essentials of preserving the body heat for the increase of vitality instead of warmth, and the importance of proper protection with clothing, that the heat of the body may go to maintain vital action in both mind and body, instead of being spent to maintain heat lost through evaporation, is very essential in the preservation of health, the prevention of malnutrition, and misappropriation of body nutrition, the prevention of catarrhal diseases and tuberculosis.

92 State Street.

[Written for the MEDICAL BRIEF.]

Roentgeno-Therapy.

BY GEO. H. WHITE, M. D.,

Assistant Lecturer on Rectal Diseases; Assistant Didactic and Laboratory Instructor of Operative Surgery, Kentucky School of Medicine; Operator Roentgen Ray Laboratory, Louisville, Ky.; Assistant Operator of J. T. Dunn X-Ray Laboratory. Louisville, Ky.

Having treated some hundreds of cases with the X-ray, both for myself and other physicians, I feel at liberty to approach the subject from a practical point of view.

The X-ray, like every other therapeutic agent, has its indications, dosage, and manner of application, or administration.

To find the diseases or conditions especially susceptible to the influence of the "rays," have taken much experimenta-

tion, its possibilities in many diseases being, as yet, unknown. I champion the effectiveness of the "Roentgen rays," not only in many superficial lesions, such as epithelioma, lupus, rodent ulcer, eczema, seborrhea, acne, acne rosacea, hyperhidrosis, hypertrichosis, angioma verucca, naevus, sycosis, favus, lentigo, and many other diseases of the skin and appendages, but also in many conditions which are deep seated in origin, such as carcinoma of the breast, stomach, and liver, catarrhal inflammation of the uterus, tubes, and ovaries, stomach, and liver, splenic leukemia, neuralgia, especially sciatic neuralgia, many tubercular infections, adhesions of the pleura and appendix, Hodgkin's disease, deep-seated ulcers, such as ulcer of stomach.

To my mind it is the failure of the physicians (who are decrying the use of the X-ray in these affections) to recognize the correct dosage of the light, for I find that the majority of patients coming to me, who have previously tried the X-ray without effect, show conclusively that the X-rayist who formerly had these cases was too conservative, or disregarded, or was ignorant (in giving his treatment) of: (1) Idiosyncrasy, (2) accumulative action, (3) limitation of area wished exposed, (4) condition of the tube vacuum, (5) the so-called reaction, (6) time and distance of exposition, (7) application of suitable dressing.

Idiosyncrasy.—A reaction is produced in some patients in five sittings, which the same tube, same distance, same time, failed to bring about in eighteen treatments. Blondes get reaction quicker than brunettes.

Accumulative Action.—This usually is avoided by carefully noting the first symptoms of reaction, and then diminishing the time and increasing the distance, so as to get the desired effect, or by withdrawing the treatment entirely until the reaction has subsided.

Limitation of Area Wished Exposed.—That part of the surface which might be influenced by the rays, and not wished exposed, should be covered with sheet lead, which is pliable, easily cut into masks of any shape and size, and, being not over a few lines in thickness is not disagreeably heavy.

Condition of the Tube Vacuum.—It is necessary to remember in regard to this that superficial lesions require a soft tube (low vacuum), while the deeper-seated conditions require a hard tube (high vacuum), graduating this to medium soft, medium hard, as the condition demands.

Reaction.—This is characterized by heat, redness, swelling, and pain in the proportion in which it is produced; its pathology seems to be identical with the ordinary "frost bite," and is a very valuable symptom to the X-rayist.

What beginning salivation is to the physician giving his patient mercurials, and what lachrymation and coryza is to the doctor in giving the iodides, so is the reaction to the X-rayist.

In looks it is the same as "sunburn," and, as far as the patient is concerned, feels the same, unless pushed too far, then it is that language fails description.

The time and distance of exposure varies with the particular pathological condition to be treated; for example, for removal of superfluous hair, the time of each seance is at first ten minutes, the distance three to five inches, gradually shortening the time, and increasing the distance as the symptoms of reaction make their appearance.

For deep-seated diseases, like chronic inflammation, or carcinoma of the stomach, the distance should be ten inches, time ten minutes, fifteen minutes or twenty-five minutes to the seance, as the X-rayist sees fit.

Suitable Dressing.—The best dressing I have found has been none at all. Vaseline gave me bad results, while mutton suet, and other unguents are negative.

I am experimenting along this line at the present time.

The report of a few cases may be more convincing to those who think the X-ray "a fad," "a fake," or who are skeptical as to its ability to cure disease.

Case 1.—Epithelioma. Mrs. Morris H., age fifty, residence 1512 West Maple street, Louisville, Ky.

Epithelioma situated near the hair line on back of neck, about the size of a silver half dollar; starting as a wart ten years previous, it became frequently ulcerated, due to the irritation caused by wearing standing collars; at length the growth

breaking down, and taking on epithelomatous characteristics, finally becoming so abhorrent to the patient that she sought me for treatment.

Two series of eighteen treatments, each time ten minutes, distance three inches, medium soft tube, brought about a cure, which, up to this time, almost a year since, has not reappeared.

Case 2.—Hypertrichosis. Miss Maggie Corchoran; residence, 1026 West Jefferson street, Louisville, Ky. Previously treated by Dr. C. (an X-ray specialist in this city), without effect.

Three reactions, covering a period of six weeks, removed every hair from her face, which had been from three to five inches in length, and which gave her the appearance of "a bearded woman."

Case 3.—Acne. Mr. J. C. B., 2120 Magazine street, Louisville, Ky. Acne over forehead, cheeks, and at corners of mouth. Then five-minute daily treatments; extra soft tube; distance four inches; produced a reaction, after which all disappeared.

Case 4.—Eczema. Baby S., 2427 Bank Street, Louisville, Ky. Eczema involving entire face and neck, eyelids closed and matted together. A pencil point could not be placed upon a non-eczematous area. Twenty treatments of three minutes each, distance eight inches, sufficed to clear the skin of eczema.

Case 5.—Ovaritis. Mrs. B., Twenty-eighth and Madison Streets, Louisville, Ky. Intense pain in ovaries, with usual train of symptoms following this condition. Thirty exposures, hard tube, fifteen minutes each, brought about a lasting cure.

Case 6.—Catarrh of stomach. Mr. S. G., soda dispenser at T. P. Taylor's drug store, Third and Jefferson, Louisville, Ky., relieved and cured, after thirty-three treatments with the hard tube; distance, ten inches; time, ten minutes, for each seance.

Why multiply cases?

I invite investigation, especially in regard to the deeper-seated diseases: Splenic leukemia; valvular lesions of the heart, due to vegetations, which the X-ray will remove by absorption; cancer in any form, if treated early. Give the X-ray a place, and a high one in therapeutics.

Third and Walnut Streets.

[Written for the MEDICAL BRIEF.]

The Physician vs. The Bacteriologist.

BY ROBERT M. STERRETT, M. D.,
Former Demonstrator of Surgical Pathology.
College Physicians and Surgeons, Chicago;
Former Attending Physician to West
Side Dispensary, Chicago.
Chicago, Ill.

Next to "therapeutic nihilism," which is largely the fruits of our ancient and uncertain *materia medica* preparations, "laboratory pathology," that modern usurper of the place long held by clinical observation and research, is threatening to convert the ancient and honorable "*Ars et Scientia Medicinæ*" into the new science of "Schizomycetic propagation and antitoxic annihilation."

Will that beloved, time-honored character known as the "family physician," with his kindly way of shouldering the sick man's woes (as if he had none of his own), of soothing the restless baby and its sleepless mother as much by his homely sympathy as by his prescriptions, of observing from day to day and generation after generation the little individual and personal peculiarities of his patients that gave him an experience not transferable to written dogma, though of incalculable value in the successful treatment of the sick—will he soon pass away, or be relegated to a position in attendance upon a dapper young man "just home from Germany," with heavy eye-glasses, a Van Dyck beard, a white duck coat, and the interminable array of "cultures," "toxins," "serums," "lymphs," etc., who, without the necessity of losing valuable (?) time taken in acquiring a personal acquaintance with the patient (or with anyone who has, for the matter of that) will make a specific diagnosis for a specific consideration, by isolating from the blood, sweat, sputum, urine or breath of the patient (or his "nearest of kin"), the bacilli already therein contained; or propagate, develop, and later destroy, new species of microbic organisms with special characteristics and nomenclature for such aristocratic and exclusive denizens of socially high altitudes and restricted numbers, who are able and willing to pay for staphylococcic streptococcic, or Angiococcic infection of the most recent and unplebeian brand?

The title of this article is taken from the new work by Rosenbach, translated into English by Rose, and which from the scholarly, masterful, yet, withal, moderate way it is written, will doubtless suggest to the minds of many of our young and enthusiastic members of the profession of medicine, that the bacteriological is not the only factor in the average disease-drama.

The writer can easily remember, when a student under an old-time surgeon preceptor, we had "laudable" pus, and also pus that could in no way be considered as entitled to that distinction, but we had one or both kinds in simple amputations in young and healthy subjects, just the same, by the teacupfuls.

Then came the german (I mean germ) theory, and once we found out that these pus-microbes were making all the trouble, we straightway began to "soak" the microbes, and also the healthiest of tissues even, in a solution of bichloride, sprayed the patient, the operating surgeon, and frequently the "audience" (among whom might be discovered a newspaper reporter who, like "a thief in the night" would steal in) with carbolic acid and water, before, during and after the most trivial operation—if any surgical operation upon the human form divine may be considered trivial.

This was all because we had found out that a few of the many species of fission-fungi caused pus to form in all cut surfaces that were exposed to the atmosphere or something worse. And, with the usual impetuous enthusiasm of the medical novelty chaser, the thing was made absolute, overdone, and many patients poisoned as much by the "bichloride" and "carbolic" as by the nimble ubiquitous micrococci. This brought about its inevitable reform—the more common sense conservative practice of simple but complete cleanliness, which, we are informed, is next to Godliness.

That the total causation of all diseases is the total of bacteriological activity is not proven by any manner of means; but that this dogma has, or is about to, become the ground work on which certain modern leaders in the profession seek to construct the newer medicine, is evident on all sides. This, too, in face of the

fact that normal, healthy individuals are known (even to the laboratory pathologist) to harbor in their systems from time to time the bacilli of pneumonia, tuberculosis, diphtheria, typhoid fever, etc., without succumbing to the disease of which these bacilli are held to be the cause—the demonstrated cause, in the laboratory.

There is no more impregnable logic in medical science than this. The fact that, of two individuals harboring the pneumococcus in their blood, one is taken down with pneumonia, while the other is not, proves conclusively that the bacilli alone are not the sole cause of the disease-drama which, in its entirety, trained clinicians recognize as pneumonia.

There are other factors that demand attention, and which the successful physician is on the alert to recognize and control. But that members of the profession finding disappointment in the results of our redundant, though uncertain, *materia medica*, with its long list of drugs with their unnecessary variety of official preparations; their arbitrary and unscientific dosage; the text-book, and, therefore, "authentic," though none the less senseless, because inflexible, interval at which a given remedy must be administered, have tended to "therapeutic expectancy," or nihilism, is doubtless true. For this reason, too, many worthy members desirous of healthy professional activity have decided that some progress in the way of definite diagnosis would be worth striving for, even if our therapeutics are in such an indefinite, unsatisfactory state.

In a word, it is part of "a good thing" to be able to place the sick man in a definite, categorical, diagnostic pigeon-hole, even if we are bound to admit that our old-fashioned galenical, and new-fashioned coal-tar remedies are too uncertain in their action, to get him out.

But, the laity have caught the infection—not of half the microbes that are afloat, but of the fad, and Heaven knows where it will lead to. We have antiseptic barber-shops and barbers, antiseptic face powder, antiseptic soap, antiseptic dentifrices, antiseptic foot-powders, antiseptic cooking utensils and dishes, antiseptic hose, underwear and bath brushes, chewing gum and headache powders—shall we

soon have antiseptic cooks and coachmen? It does seem that the young physician who does not happen to become inspired, early in his career, with the belief that he was ordained by Providence to be a surgeon or gynecologist, is dead sure that he will shine as a bacteriologist, have all the diseases to which flesh is heir, bottled, boxed or test-tubed, as to their bacillary causation, labelled and numbered from Alpha to Omega, so that when he does get a case he will have the whole thing down absolutely, scientifically, schizomycetically cock-sure as to leave no room for guessing along the lines of such old-fogy methods as symptoms, physical signs, or such shadowy intangible things as temperament, mental habit and environment, on which to base his diagnosis.

Yet, there are a lot of distressingly independent, irreverential, unconventional fellows in the profession who insist on going right at a case that looks ever so much like pneumonia, typhoid fever, croup, or what not, with their remedies, recognizing certain well-known symptoms at once, from which clinical experience has established certain well-known facts as related to important internal conditions. They apply the remedies of accurate therapeutics in such a prompt, telling manner, that, before the bacilli have had a chance to "grow and wax fat" on the "milk and honey" (and soup) of microbedom in the laboratory, the diagnosis has become "obscure"—the patient is on the mend, all of which proves that a good working knowledge of all-around diagnosis and efficient therapeutics is of really more value (as to the ultimate function of the physician) than the scholarly ability to recognize, propagate, develop, tabulate and exterminate all the schizomycetics that inhabit the earth, the air above the earth, or the waters under the earth.

2590 North Winchester Avenue.

Have just received the BRIEF for January, 1905. Have just read your editorials, and think they are the best I have ever read, especially those on medical laws, shams, individualism, etc. I have taken the BRIEF for many years, and can not do without it. Enclosed find one dollar for 1905.—A. C. JAMES, M. D., Cove, Ark.

[Written for the MEDICAL BRIEF.]

Intellectual Progress.

BY B. M. JACKSON, M. D., LL. B.,

Omaha, Neb.

We assemble Parliaments and Councils, to have the benefit of their collected wisdom; but we necessarily have, at the same time, the inconveniences of their collected passions, prejudices and private interests. By the help of these, artful men overpower their wisdom, and dupe its possessors.—FRANKLIN.

It has ever been a mystery to me, and my humble faculties have ever concerned themselves with the solution of the question, why does man lack the necessary qualities in order to be deserving of the esteem he craves for from his fellow-men? That selfishness and envy occupy the seat of reason within, and truth and justice are utter strangers to, most men, is no less real as it is apparent. Because of these unnatural and unintellectual peculiarities, the lot of humanity has been an unfortunate one, indeed. Nature has ordained that man shall be, and in order that he may live, she is constantly creating the wherewithals which sustain life, yet he has to fight for ever so small a fraction of her bounties. Why is it thus? Man has invented language in order to make himself understood to his fellow-men, that all may make intellectual progress lest their common lot shall be more endurable, yet, the office which that language was intended to fill is being corrupted by selfishness.

Even single words do not mean what they were originally intended to mean, and a combination of them, besides involving all kinds of ideas, may be construed in every conceivable sense. Few individuals are able to draw out the true ideas involved in a sentence, and still fewer are able to discover the motives underlying those ideas.

Only when man will reach the intellectual stage whereat he can fully discriminate between cunning and wisdom, his lot will be more endurable than it ever was or is to-day.

It is, indeed, sad that our system of education falls short of fulfilling its intended function, viz., to teach everyone to educate himself. Most students on receiving their sheepskins consider themselves

"educated," and thenceforward embark upon a business or professional venture. The moment one enters into the field of his chosen vocation, he concerns himself only with matters appertaining thereto. He gives no thought to anything else, and few take as much as a glimpse into matters involved in other fields. Hence most men grow narrow and bigoted. And because of this narrowness and bigotry, men try their utmost to crush one another. Few men give it a thought that Nature has provided room, and constantly creates the wherewithals to sustain the lives of all that live; hence, instead of love for, and justice to, our fellow-men, there seems to be an over-abundance of hate and injustice.

Of course, many readers will question my optimism, and well they may. But, pray, is it not true? Here is a fellow-man, a colleague of our own, who has been practicing medicine for twenty years in Illinois, and, on account of ill health, had to remove south. He chose Louisiana, and on arriving there he was denied his inalienable right to the pursuit of happiness—the right to earn a living for himself and his family. Would the reader regard such attitude on the part of the Louisiana physicians as involving love for and justice to that physician (fellow-being)?

My friend, why delude ourselves? Why not construe the meaning of words and judge conditions in their true light? Let us not deny the fact that the Louisiana physicians who tolerate a law which denies a colleague from another State the right to earn a livelihood, is practically an admission that they have neither love for, nor care to accord him justice. Will anyone suppose for a moment that this physician from Illinois would be less competent to practice in Louisiana than he was in Illinois? I do not entertain such a supposition. It is a sad spectacle to behold, that, while in some countries intellectual individuals are fighting for freedom and independence, and are constantly plotting to overthrow monarchies, oligarchies, hierarchies and plutocracy, as witness Russia, in others, cunning individuals are plotting to establish, and have already created, some of those undesirable and much-to-be-deplored institutions, as witness the United States. Pray, let

us not delude ourselves. Let us forever judge men by their acts, and institutions, as they are. "Deeds talk louder than words," hence, man's acts (deeds) are the only guides to go by.

Witness the constant attempts made by a few cunning physicians to further enslave their confrères, as if the small oligarchies already created in the several States were not enough. I am informed by a physician who is in a position to know, because of his high social and professional connection, that an attempt will be made to enact a federal law regulating the practice of medicine; that as soon as the law will be in force, all physicians will be required to show their papers and pass an examination; that those unable to show their preliminary educational papers, and unable to pass the examination before a Board, to be appointed as the "Washington Powers" may direct, will be denied the right to practice "for the protection of the people." This will, indeed, create a single medical oligarchy, instead of the small ones existing in the several States. Is it not revolting to your sense of justice, however humble, that many who have spent three or four years at a medical college, and a few thousand dollars, and have been trying to build up some kind of a practice, all the way from one to twenty or thirty years, will be denied the right to earn a livelihood simply because a few selfish and cunning colleagues will it so? Of course, they argue that none but "gentlemen" and "true physicians" have a right to practice medicine. But who shall decide what constitutes a "gentleman" and a "true physician?" Will the "Washington Powers" (who will doubtless be a well-fed and aristocratic body of individuals) be able to decide these questions? Please reflect, and answer for yourself, for you may be one of the victims. It is also intended to require a university degree from would-be physicians. Does anyone suppose that such a degree is *prima facie* evidence that the holder thereof is a "gentleman," and fully qualified to become a physician? I, for one, do not regard a university degree as *prima facie* of anything; quite the contrary.

"Eternal vigilance is the price of liberty," and, because physicians have not

been vigilant, they have lost that priceless jewel. Of course, an insignificant number of physicians have gained by reason of our losses. The proportion of gainers to losers is about one to nine hundred. And this in a Republic! We clamor for "equal rights to all and special privileges to none" in all departments of human endeavor except our own. We seem to concern ourselves with justice, and denounce in no measured terms those who deny it to their colleagues among other classes. So much so that when the Illinois State Board of Medical Examiners "resolved" that hereafter they will credit a physician coming from other States with five per cent for every five years' practice, most medical "journals" (for want of a better name) have "halla-balooded" about it, and expressed a sort of relief that the time has come when physicians, too, will be accorded justice (?) by their "guardians." Who is the Illinois Board of Examiners? A body composed of seven physicians, who have legislated themselves into existence by methods utterly unworthy of men living in a Republic, if the statements contained in a pamphlet issued by the American Medical Union are true. Inasmuch as the truth has never been challenged, we may take it for granted that it is. So this Board, having no moral right to existence, holds up every physician for fees, and dictates to them terms upon which they will be accorded the right to earn a livelihood.

Victor Hugo was right when he said, "The reigning public monstrosities impose stern obligations on the conscience of the thinker, the philosopher, and the poet. Incorruptibility must resist corruption. It is more than ever requisite to show men the ideal." Is it not revolting to your sense of manhood, however limited in extent, that physicians who have been struggling for an existence, and at all times have been trying their utmost to perfect themselves in some specialty or general practice, should have to appear before a few colleagues who have never proven their qualification, in order to answer technical questions? They will credit him with five per cent for every five years that he has been practicing! Those fellows must be spiritualists. For, if one has been practicing seventy-five

years, he would not have to pass any kind of an examination, and he would be entitled to a license to practice among the spirits. And this is good-fellowship. Is it any wonder that "magnetic healers" are so busy catering to the physical ills of Illinoisans, that one was indicted for obtaining money under false pretenses, because she failed to give an "absent treatment?" Her defence was that she had more "patients" than she could attend to on a certain day.

According to an Illinois medical professor, the income of the average physician is about \$75 a month, and magnetic healers who charge \$3 a visit, have too much to do. Fine condition! Whence arose this condition? This condition is due to the medical registration laws, which have brought into existence the medical politicians, who have divided the medical profession. The constant quarrels which the medico-political guardians keep up is a permanent capital to the non-descripts. The rank and file in the medical profession of England have finally realized that their guardians—medical council—do them harm, hence they got together and carried the following motion: "That the Medical Council has no right to claim to represent the members of the medical profession (Royal College of Surgeons), and that the members repudiate such claims accordingly.

Need I tell the readers of the *MEDICAL BRIEF* the evils that are bound to result from the centralization of power? I need not do so, because I know that readers of the *MEDICAL BRIEF* are the most enlightened members of the medical profession. At any rate, they are men who love, and in due time will fight for freedom, independence, justice and progress.

The subject of "reciprocity" has been agitated for the last ten years, and the few physicians who have been endowed with power to bring it about, will never do it. It pays them better, and they are more secure in their political offices by keeping up petty jealousies within the profession, which keep the profession divided. If all physicians should reflect how destructive the mental weaknesses of selfishness, jealousy and partisanship are to a class of individuals as well as to nations, they would surely rise in their

might and say with Voltaire, "Turn down the Monsters." I have not the least doubt that a few medical "journals" (for want of a better name) have been instigated by the medico-political "ringsters" to fight those that speak a kind word in behalf of the brawn and brain in the profession—the rank and file—and are advocating "the greatest good to the greatest number" in the profession. Such is human nature. Alas! The power of intelligence is great, and it behooves liberty-loving and just physicians to enlighten themselves on other matters than those concerned with the practice of medicine. Let us be gentlemen in fact. Let us be true physicians. Let us relieve the mental ills of our colleagues, as we try to relieve those of our patients. Let us grant true fellowship to our struggling colleagues, for, if we would be esteemed, we must esteem.

"Wise were the kings who never chose a friend
Till with full cups they unmasked his soul
And seen the bottom of his deepest thoughts.

—HORACE.

311 Ramge Block.

[Written for the *MEDICAL BRIEF*.]

Burns.

BY DRs. PENNEBAKER AND TRIPP.

Pleasant Hill, Ky.

(Continued from page 174.)

Prognosis.—Burns involving the internal organs and bones are so severe they generally prove rapidly fatal. A burn embracing two-thirds of the body is necessarily fatal; one involving one-fourth has been fatal.

Extensive burns are serious because we have surgical shock to contend with. We base our prognosis upon the extent rather than upon the depth of the burn. Given the destruction of a considerable portion of the transpiratory tract, or by the suspension of its function, it is grave in proportion. The parts implicated affect the result; burns of the extremities are less fatal than those of the body, and burns of the genitals and lower portion of the body are especially dangerous to life. Burns in females and children of highly nervous organization are grave.

After reaction, the dangers are visceral complications, especially inflammation

about the chest, and duodenal ulceration. Death is immediate, deferred five or six weeks, or generally in five or six days in fatal cases. *Post-mortem* changes in the body have not been determined where death was superinduced by intense pain. Death often occurs before vesication takes place. The red line around a true blister is permanent, and is found on the dead body; true blisters are not produced after death, or only very shortly after. Blisters produced by burns inflicted on the cadaver, contain air generally. However, a blister may form on the dead body as the result of a burn, if the corpse be anasarctous. The blisters on a dead skin become dry and of a horny yellow color.

In burns on a living person, if the skin has not been entirely charred or destroyed, the cutis will present a dotted or pointed redness; after death there is no such effect. This, of course, all has relation to forensic medicine. A *post-mortem* burn by an acid is not distinguishable from a like *ante-mortem* burn, unless a vital reaction has occurred. In cases of suspected poisoning, volatile or organic poisons may be dissipated by the flame, others are not so affected. In a corpse burned or charred beyond recognition, the sex may be determined from the shape of the pelvis, and the age may be estimated from an inspection of the osteology. On the discovery of a burnt body, examine closely to be able to say if there be evidence of cutting or other instrumental injury before death; or, if the wounds are simply mechanical the result of fire. Fractures may be accidental. Burns and scalds, under the statute of wounding, are included among bodily injuries dangerous to life. The cracks and fissures found at times may resemble incised wounds, and it may be necessary to determine this. The adipose tissue may melt and run; the blood vessels may show running across the base of the wound, and the vessels may rupture in deep wounds; further, both classes of wounds may be found together. When the burning of the body is partial, and has probably taken place from a wilful ignition of the clothing at or about the time of death, some caution is required in expressing an opinion—since marks of

vesication and a line of redness are not always present in burns during life. When vesication and redness are absent, we have no medical data on which to form an opinion as to whether the burn was ante or post natal.

Treatment.—"The best course to pursue, in case of ignition of a person's clothing, male or female, is first to throw himself or herself flat on the ground, so that the flames, which always ascend, should not be capable of attacking the head and uppermost vital parts of the trunk." The alleviation of pain is the first symptom that will demand attention, and measures to combat the surgical shock. The superficial burn appears to be the most painful. Children especially are prone to stupor, and insensibility shortly supervening, and this should be remembered in using opiates. Anesthesia may be required in making the first and subsequent dressings. If practicable, the clothing may be removed in the tepid bath at 100° F. The bath should be a mild antiseptic solution. The clothing may be burned on, or partially connected with the burned tissues. The warm bath is also a good means for combatting shock, especially in children. This can be modified as surroundings permit. If possible, place the patient upon a water bed; a hard bed should not be used. To treat a burn when large surfaces are exposed requires the dexterity of an ingenious surgeon, the intelligence of a skillful physician, and all the resources of a consummate practitioner.

The burn is first to be protected from the air. If the body is burned, place a layer of rubber tissue over the bed, large enough to encircle the body. It prevents evaporation from the dressing, and wetting of the bed clothes. A layer of absorbent cotton one inch thick, and large enough to cover the burn is dipped in the antiseptic solution, and placed on the rubber; covering this a similar layer of prepared gauze likewise wet, then place the patient on this and envelop with the dressings; keep comfortably warm. Large burns are to be dressed as seldom as possible. Alcohol, locally, relieves the pain.

Bullæ, if large, may be pricked; if small, may be left, as they will quickly be absorbed under treatment. The epithelium is not to be removed, as it acts as a protection to the nerve endings, and delicate tissues beneath. The purification of the wound to prevent sepsis is of first importance. The parts at the time of injury are covered with micro-organisms of all kinds, and the skin is full of them. The organisms are completely destroyed in parts destroyed by the burn, but not so probably in the surrounding tissues. Purification increases in difficulty as the resisting powers of the tissues diminish. The choice of a dressing depends, of course, upon the extent of burn, its depth, the area of surface injured, and the constitution and condition of the patient.

The aim should be to exclude moisture as much as possible, and to absorb the serous effusion as soon as it reaches the surface. If the parts become septic the dressings should be changed frequently, designing to dilute the chemical products of the inflammation, and to prevent the burrowing of pus.

Prof. Gross first introduced as a dressing for burns white lead, of the consistency of cream, applied to extensive surfaces; it brings almost instant relief to the pain.

A saturated solution of picric acid applied on surgeon's lint, moistened, the smooth side to the burn is much praised. This is covered with salicylic or other antiseptic wool, a gauze bandage and splint if required. For a cushion to splints, lamb's wool is greatly superior to absorbent cotton.

Picric acid stains everything yellow more or less permanently. One feature of its use is the alleviation of pain; its action hardens superficial tissues, diminishes exudation from raw surfaces, and the epithelium grows well and quickly beneath the dressing.

Sometimes evidences of poisoning supervene; the urine becomes bright scarlet in color from the presence of picramate of potash; no albumen or urates are found. There are constitutional symptoms, and a papular rash surrounded by erythematous appearance develops. This assumes the character of a symmetrical

scarlet uniform eruption, which fades on the eighth day with the subsidence of the constitutional symptoms.

Death is due in burns, it is said, which reach a septic stage, from an animal poison generated by micro-organisms that develop in the eschar. The poison is believed to be muscarin, or something like it. This corresponds in physiological action to the muscarin which occurs in toadstools, and was obtained by Brieger as a ptomain from putrefying fish. The hypodermic injection of atropia is said to negative this ptomain.

If profuse suppuration during the course of the burn becomes unmanageable, the dressing of oakum, changed infrequently, has effected a change in the inflammatory process.

Amputation, the necessity for which may arise after severe burns of the extremities, must be deferred until reaction from the shock.

It is rare to see a severe burn that does not include the different degrees of classification, and regions where the whole skin is destroyed. After deep scarring, horrible deformity is seen. The larger the wound the greater the tendency to deforming contraction as the healing progresses from the margin takes a long time to reach the center. During this time contraction is going on as the granulation tissue becomes vascularized, and undergoes fibrous metamorphosis. The center then becomes deficient in vascularization, under which conditions ulcers heal slowly and imperfectly. The remedy for this is skin grafting, for which the part must be aseptic, and the procedure not too long deferred. In preparing the surface the granulation tissue should be kept dry, free from edema, and the delicate nerve endings protected. All cicatrices will contract, and the quicker the healing the more will they contract. Sometimes quacks undertake to heal burns by bringing their edges together, and the result is fearful cicatrization. These cicatrices affect the deeper structures, and one surgeon incised boldly through an arm cicatrix, and cut through the brachial artery. The result in these plastic operations, for instance the Tagliacotian, are not always so successful as they promise

to be. The flaps wither, and the result is as bad or worse than the first attempt of Nature. Elastic or other extension is often combined with these operations, or used alone for the relief of these deformities. Splints and passive movement are part of the after treatment.

AUTHORITIES QUOTED.

William Cline Borden; L. P. Yandall Jr., M. D., Louisville, Reference Hand-Book Medical Science; Bryson Delavan, Reference Hand-Book Medical Science; Rudolph A. Witthaus, Reference Hand-Book Medical Science; David Walsh, M. D., London, England; John Marshall, F. R. S. London, England; Wm. Turner, B. S., M. B., F. R. C. S., London, England; Christopher Heath, F. R. C. S., London, England; Enoch Vine Stoddard, Reference Hand-Book Medical Science; T. C. Gilchrist, Johns Hopkins Hospital; Dr. Robert L. Bowles, British Journal Dermatology; Ralph Jenkins, M. D., Washington, D. C.; Emil H. Grubbe, B. S., M. D., Chicago; R. L. Meek, M. D., Benhur, Texas; G. H. Alexander, M. D., Hot Springs, Ark.; Cleveland Moffet, McClure's, Nov., 1903; James W. James, A. M., M. D., MEDICAL BRIEF; R. O. C., Louisville Medical News; Dr. J. F. Weathers, New Albany, Ind.; Prof. Geo. Buchanan, Boston Medical and Surgical Journal; Prof. Soral, Havre; Dr. Lustgarten, Medical Record; MEDICAL BRIEF; Louisville Medical News; Medical Progress; Journal of Electro-Therapeutics; Medical News; Medical and Surgical Monthly; Taylor's Medical Jurisprudence, Hartshorne.

[Written for the MEDICAL BRIEF.]

In Old Roseau—An Idyl of the Caribbean.

BY WILLIAM S. BIRGE, M. D.,
Provincetown, Mass.

Ramble No. 1.

"My dream is of an island place,
By distant seas kept lonely,
A little island, on whose face
The stars are watchers only."

In the fine old days when the history of the West Indies and the Spanish Main was fraught with romance and tragedy, those islands running in a crescent shape from Trinidad, on the south, to the Virgin Islands, on the north, were known as the Windward Islands. The Leeward Islands were, and properly speaking are, another cluster, lying off the coast of Venezuela from Magarita to Oruba. The Britishers owned none of these, and to make themselves happier, divided their Windward chain and called the northern part the Leeward Islands. This has been

the cause of confusion and misunderstanding. When I read of the Windward Islands I do not know to what the author refers; when someone speaks of the Leeward Islands I am at a loss to understand. The changes which have taken place these later years in the time of fast steamships and much going are discouraging to the lovers of old books of travel. It was in the days before the poetry of the deep had been sent swirling astern out of sight by the propeller that the Windward Islands were the Windward Islands. "The glory and the dream has gone," says W. Clark Russell; "the demon of steam has possessed with its spirit the interior of the sailing ship, and from the eyes of the nautical occupants of that combination of ore and wire, that ocean visionary life which was the substance and sum of sea calling has utterly faded. A man is taken from port to port with railroad punctuality. He is swept headlong through calms and storms. The mantle of mystery has been lifted by the hand of discovery, and the superstition and fear begotten of intrusion into the obscure and unknown and the magic that was in them is gone."

But, perhaps, the elimination of poetry from the sea life by the pounding of the steam engine and the swift voyage, is more deplorable on land than it is on the ocean itself. Let us admit that it is. Most likely we shall then be willing to hasten on, borne by the very impolite, but very comfortable, iron steamship.

In no part of the ocean are voyages attended with so much enjoyment as in the Southern Sea, and anything pleasanter, more lotus-bearing, more Eden-like than the Caribbean Islands can hardly be. Deep in emerald valleys, hemmed in by ravine and precipice overhung with towering tree-ferns and the glassy and quaint leaf of the wild plantain, moist with the daily showers that suddenly sweep down like white curtains from the dark and jagged heights overhead, to be as suddenly followed by the hot sunshine of the cloudless blue, until every form of vegetable life springs up and flourishes in a confused plentitude of beauty—a veritable paradise indeed.

In these West Indian Islands you live in a climate averaging 80° F. The air

has no longer any harshness or asperity. It feels soft and bland to the skin. Every breath is healing. You are beside a tinted and eye-delighting ocean, where soft breezes are constant and strengthening; amid lovely scenes of vivid and varied hues, and beneath fair, solemn and deep blue skies, whose brief sunsets are glorious beyond the painting of words, and whose prismatic stars glow like steel when not quenched by the most mellow and brightest of moonlights. The mind partakes of the tranquility of it all, and year by year after you have come away you will look back to those verdant hills, to those palm-bordered roads, to that purple and rosy sea, to those brilliant noons and beautiful nights, to the charming climate, and you will come to understand with the sympathy of experience the answer made me by an accomplished creole, whose acquirements fitted him for higher positions than he could find to fill in the islands, when I asked him why he did not seek more accessible and worthy fortunes elsewhere. "Ah," he said, looking up to heaven all aglow with the morning light, "I can not live away from the tropic sun."

Dominica is the real elysium of the Caribbean Islands. The hand of nature has there disseminated her richest treasures. Pleasure and repose there find the sweetest security.

Let one ascend the mountains back of Roseau, and one can not help gazing with enthusiastic admiration on the beauties by which one is surrounded, on the perfect picture whose loveliness meets one's view at every turn. Below, extending as far as the eye can reach, are the tranquil waters of the Caribbean, glistening in the beams of the southern sun. North and south, the valleys glow in the same life-giving splendor, the mountain springs gushing forth in very wantonness, and the beautiful foliage of the various tropical trees and plants clothing the sides of the mountain and the valley below, beyond which, extending along the water's edge, lies the sombre old town itself. The breezes, redolent with perfume and freshened by the waves over which they are wafted, will bear with them a coolness more than delicious. Nothing is wanting for the perfect unity of loveli-

ness, the natural enchantment of the scene.

Dominica is thirty miles in length by eleven miles in breadth and, owing to its numerous mountain ranges, presents a more uneven surface than any other island in the West Indies. When Columbus was asked by the queen to describe its general appearance, he crumpled a sheet of paper in his hand and threw it on the table. In no better way could he clearly convey his own idea.

This island, like most of the group, is of volcanic formation, but the only active evidence of that character now existing is in the numerous sulphur springs found there, and far in the interior on the almost inaccessible mountain is a boiling sulphur lake, which Ober, in his work on the Caribbeans, described as being from three hundred to four hundred feet in diameter, although no actual measurements have ever been made. Its temperature varies. When Mr. Ober saw it he found it to be 96° F., although when examined some months previous by Dr. Nichols, of Roseau, it was found to be 196° F. Its depth has never been ascertained. Some years ago it suddenly emptied itself, blowing high into the air like a geyser, and destroying the forest for several miles around and frightening the native inhabitants nearly to death. Since that time it has assumed its old proportions. It is safely approachable, but difficult of access, much of the journey having to be performed on foot through a mass of tropical vegetation that would try the patience of a saint, if such an individual were ever to be found travelling through the West Indies.

Far back on the Atlantic side of the island, bordering on the Mahoe River, is the reservation of the Carib Indians, the remnant of a once powerful nation. They number between three and four hundred, and live in a very quiet, peaceful manner. Their chief occupation is making the pannier, or Carib basket, which is much sought after by the natives of all these islands. These baskets vary in size from a small hand-bag to a large trunk. They are made in a peculiar manner, from a reed called Mahoe, and are so tight that they will hold water. They are durable, and with proper care will last for years.

The price varies according to the size, some of the larger ones bringing as much as five dollars. It is seldom that a Carib Indian will visit the towns, and then only to dispose of his baskets and purchase supplies. It is said that there are numbers of the tribe who have never left the reservation.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Preventive Medicine.

BY D. A. BLAIR, M. D.,
Ellisville, Ill.

Know thyself; presume not God to scan;
The proper study of mankind is man.

—POPE.

"An ounce of prevention is worth a pound of cure," is an old, but nevertheless true, saying.

As our knowledge of curative remedies increases, the desire for a greater insight, and a better understanding of preventive medicine, has kept pace with, and, in fact, has throughout the ages been the forerunner of all great medical discoveries, so that to-day we find the best brains of the medical world busy in the laboratory and hospital, as well as in the general and special lines of practice, each striving to give to the world some means or remedy by which the suffering of humanity may be not only cured, but prevented.

In the course of these investigations, many theories have been given prematurely to the world, and have been pounced upon by the empiric and quack, and, of course, the results have not been what was expected, and this has led to the general condemnation of many theories, which if carried out and put into practice by men of brains and integrity, would have accomplished much good and prevented great suffering.

In order to be able to discuss the subject of preventive medicine intelligently and concisely, we will treat it from three different view points, viz., legislation, medicine and surgery.

LEGISLATION.

That the propagation of disease can be, and is, prevented by the enactment and enforcement of proper laws, has been

recognized from the earliest dawn of history; for instance, when the children of Israel were wandering in the wilderness, in their journeyings they came to the borders of a country whose inhabitants were, no doubt, afflicted with syphilis. Moses, knowing this, promulgated a law forbidding any of the men from going into that country or having anything to do with the female portion of the population, but human nature was the same in days of old as it is to-day, and a number of them evaded the guard (a quarantine) that was placed around the camp, and mingled with the women of that nation and returned to their camp. When Moses learned of this evasion of his quarantine, he ordered that these men be held apart from their wives and sweethearts until the required time for incubation and development had elapsed, and those who were found inoculated with disease were slain. And thus the inoculation of the entire nation with that dread disease, syphilis, was prevented.

From that time to the present, quarantine laws have been in effect; nations quarantining against disease entering their borders from other nations, and it has only been when these laws were not enforced, as during the crusades, that contagious diseases of the most fatal character, such as the black plague, or death, almost depopulated Europe, and nearly encircled the globe with a pall of death and misery which followed in its train.

Each year more is being added to our store of knowledge and experience of the proper workings of the laws pertaining to national, municipal and individual quarantine, and each year we are making greater progress in the stamping out of many of the now incurable diseases, such as leprosy, consumption; and of curable diseases, diphtheria, small-pox, anthrax, etc. Not only in quarantine does the law prevent disease, but also in the many sanitary measures adopted to prevent the production of disease from filth and unsanitary surroundings, such as the inspection and cleansing of the tenement houses in our great cities, and proper sewerage and water supply, and the latter especially has become a very grave problem.

WATER SUPPLY.

We can not but recognize that as the density of our population increases, and as our people engage in new and greater industries, and as the municipal aggregations of population multiply and expand, the original purity of the streams and water basins can not be wholly preserved. Having this condition of affairs before us, let us compare four European and four American cities, and, by comparison, see what can, has and should be done to secure the most potable supply of water, and note the effect on the typhoid fever death rate.

Berlin, procuring its water supply from Lakes Tegel and Muggel, would, according to American standards, be potable in its raw state. It is filtered by an elaborate system at a cost of ten dollars per one million gallons. The typhoid fever death rate in consequence has averaged seven and one-half per one hundred thousand. The average typhoid fever death rate of twenty-eight American cities was fifty per one hundred thousand, or nearly seven times as great. The supply of Zurich, drawn from the lake by that name (hemmed in by mountains, with an area of fifty square miles and a depth of two hundred and fifty feet, is also filtered. The Hague water, obtained from driven wells, is also filtered; the typhoid fever death rate, has, for the past six years, averaged five per one hundred thousand. Hamburg reduced the typhoid fever death rate from twenty-eight to seven and one-half per one hundred thousand by filtering the water drawn from the Elbe.

New York, whose water supply is superior to many of the American cities, had from 1890-1895 an average typhoid fever death rate of twenty per one hundred thousand as against fourteen and one-half for London, seven and one-half for Berlin, seven and one-half for Hamburg, and four and seven-tenths for Rotterdam, all of whose waters are filtered. Chicago, Philadelphia and many other American cities have a still higher rate than New York.

Do not these facts speak for themselves as to what could and should be done in regard to the water supply of our great cities?

We believe that this should be a subject for national legislation, and should be placed on the same basis as a national quarantine, and should not be left to a "city hall clique." If this was the case, Chicago and St. Louis would not be using unfiltered water which can by no possible chance be potable.

SEWERAGE.

The sewerage should also come under national control. We are speaking now of cities of twenty-five thousand inhabitants, or more. In the smaller towns, the following plan would be, at least, an improvement on any we know of now in operation, since we know that the water supply and sewerage is a powerful factor in the spread of microbic diseases. By the adoption of this plan or a similar one, we would prevent the spread of such contagious diseases. The plan would be this:

1. The State Board of Health shall appoint a health officer in each county, who shall be president of county board of health, and represent the State Board.

2. That town councils or commissioners (corporate) shall nominate a local health officer to be confirmed by the State Board, who shall act as local representative of said board and who shall be a member of the county board of health.

3. A county board of health shall consist of the local health officers of the corporate towns in the county, and they shall have charge of the sanitary conditions of said towns and adjacent territory, which shall be platted off according to the ideas of the county board.

4. These officers shall act in conjunction with the town councils and State Board under such regulations as they may determine upon.

5. Every physician shall be required to report each case of contagious disease to his local health officer, who shall see that the case is isolated and the premises quarantined.

6. Water tight boxes should be substituted for privies, cesspools, and earth closets.

7. That hog pens be prohibited in the corporate limits or placed in a sanitary condition and water tight, and elevated above the ground eighteen inches.

8. That all contents be removed from privies at stated times by a public scavenger.

9. That whenever a town council is incompetent to act for any reason, the State Board authorize and empower its local representative to act in the premises.

With these measures properly carried out, and a supply of pure water, we fall to see why those insatiate monsters, typhoid and scarlet fever, should not lose their fatal grasp.

It has been demonstrated that yellow fever can be stamped out by eternal vigilance, as shown in the reports from Havana and the Southern States at present. When we look back to the days when we had no prophylactic sanitary laws, cholera was prevalent in this country, but it is almost unknown to the present generation, simply because proper laws were enacted and enforced and the people have become educated to such a point that they appreciate the benefit of such laws, and are anxious for their own safety and, as a result, see that they are enforced.

PURE FOOD LAWS.

A nation is strong physically and mentally according as the people are nourished by the proper kind of food, hence, the food supply is a very important factor in the production or prevention of disease. There is plenty of pure food in nature to feed many more millions than the present population of the world. We should insist on getting it pure, and in obtaining the enactment of laws that will put a stop to the greed and malpractice of unscrupulous dealers, who under the pretence of cheapening an article, or stimulating its demand, or preventing it from spoiling, slowly poison the people, thus undermining health and energy. Our legislators should take for their motto and watchword, "The health of the people must be the supreme law."

Who can tell how many infants have been starved to death by the use of condensed skimmed milk? This milk, when skimmed, is deprived of the fats which are the essential elements needed by the child in its growth during the first and second years of life. It is simply a "slaughter of the innocents" by slow degrees for the purpose of gain. The

parents feed this milk to the child, not knowing that it lacks the very element which is necessary to the well-being and growth of the child, and if, unfortunately, the child should survive, he is enfeebled by a rickety constitution and his future is blighted.

Now the same might be said of many of the other food products, as flour, meats, spices and extracts. We think that a certain amount of preservatives are necessary, but who shall be the judge? The packer? Certainly not! For he is interested in the profits of the business. Take for illustration the article on the market known as canned roast beef. According to the testimony of the men most interested in the manufacturing and preserving of canned goods, the pure food commission is told that it is made by first boiling and abstracting a large per cent of extract. Then this beef residue is put in cans and subjected to high heat in retorts, that being said to be the roasting process.

This beef is unfit for food, as was shown by Prof. Subig when he published the Process of the Manufacture of Extract of Beef. He called attention to the fact that the extract did not represent the nutrition of the beef, and warned the medical profession against falling into the belief that it would be a substitute for the beef itself; that while the fibrin, which is the strength of the meat, is chemically the same as the albumin of the egg, it does not represent the nutrition of the beef, while at the same time its digestion and assimilation is dependent upon the presence of the substances represented in the extract, and even though these substances contain all the nutritive qualities of beef, they should not be used singly.

Almost every State in the Union has pure food laws, and these are supplemented by those of the United States, but the trouble lies in the fact that there is no uniform standard by which to test these foods. It is like enacting a law prohibiting anyone from doing evil and allowing each individual to be his own judge.

A national standard for all food products should be given, and any falling below this standard should not be allowed,

under heavy penalties. In this way only can we secure pure food and prevent many intestinal and digestive ills.

TUBERCULOSIS.

We believe that that scourge of civilized mankind, tuberculosis, can be, to a greater or less extent, eradicated and prevented by proper legislation and isolation. When the people recognize the fearful infectiousness of this disease, laws will be enacted providing for the isolation of those in the advanced stages, where treatment will not avail; and for those in the incipency, isolation and treatment. We believe this should be done, for while tuberculosis is not as rapid in its action as small-pox and many other contagious and infectious diseases, still statistics will show that it claims five victims to the others one. Tuberculosis is being dealt with in various ways, there has been much more learned in regard to the prevention and cure than has been put into practice, although enough has been done to substantially check, if not materially diminish its progress. A step in the right direction is being taken in some of the States where sanatoria are being maintained for those afflicted with this disease. What is lacking is more thorough and complete exclusion from public gatherings; and greater care should be exercised in regard to expectoration in public conveyances and on the streets.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Teach Us How to Think.

BY L. L. LOGGINS, M. D.,
Willis, Texas.

Man, by virtue of the specialization of his creation, is endowed with the power to think. Then, it follows, it is his duty to think. Properly educate and train him, and he will think, and no man should avail himself more of this faculty than the physician. Every day of his life is this function called into active exercise, or ought to be.

When we come to treat any specially named disease, let us go back to the principles of mathematics that puzzled and worried us in the school-room, for

here in the realm of medicine we need more than ever to thoroughly understand the law of cause and effect, and until we pursue this study to the end of all its ramifications we shall constantly meet disappointment, laughing at our blunders, arising primarily from inattention.

The young practitioner (I like practitioner the best) begins the work of his chosen profession, strong in the belief that his *alma mater* has furnished him with an armamentarium as effective as that which the Japs are training upon the Russian hosts. He believes implicitly in the truth of the lectures he has heard, and the text-books he has read. These, to him, are all-sufficient, and while this is a fallacy, I find that it clings to some men like the Old Man of the Sea, until the frosts of multiplied years have whitened their locks, and the corrugations of time have disfigured the faces that were illuminated in the amphitheater by the wreaths of rhetoric the old professors threw over their heads. This, of course, comes of a failure to think, classify and analyze, a failure to utilize the engines of power and strength set at their disposal by the benign and friendly hand of the Creator, a failure to grasp the experience of the ages and weave it into a web of success.

We older men of the profession have learned to read between the lines; we read a text-book and learn from it whether or not the author is a broad-gauged man, reaching out over the face of the earth for the data of comprehensive experience to serve as the foundation of his structure of conclusions, or has merely treated his subjects as seen and understood by himself, within the circle of his own practice. We do see this in the books; we see it in the articles that adorn the pages of every journal that comes to our desk.

This way of thinking leads to an arbitrary disposition, and a routine practice, which leads inevitably to the haven of mossbackism.

Dr. O. W. Holmes once told the members of a graduating class that they would begin the practice of medicine with twenty remedies for every disease; that at the end of twenty years they would have one remedy for twenty diseases. This is about the experience of men who have been in the harness a score of years.

What is the remedy? In the very beginning the young man should be made to understand that the disease as expressed in the patient he is called upon to treat is a law unto itself, and that geography has a great deal to do with the maladies that scourge mankind. For example, we older men know as well as we know anything that is worth knowing that while malarial toxemia is found all over this continent, that its expression is not the same in New York or Colorado that is found in the swamps of Mississippi and Florida, hence it is impossible for the treatment to be the same. I often see a treatment laid down in a text-book or journal article, and recommended as a catholicon that would be of no more avail here than the throwing of salt in the fire to stop the sad notes of the screech owl a half mile away. But I do not call into question the ability and truthfulness of the writers, they may be, and, doubtless, are right, so far as their locality and practice are concerned. The truth is, each one of us who thinks is making text-books every day.

Here we have "slow fever," "typho-malarial fever," and typhoid fever. Do we? Well, now, we know that this locality is not properly within the typhoid zone, and we have learned that "typho-malarial fever" is a bad name. However, we know that we do have typhoid fever here, as proved by the *post mortem* phenomena. We know, also, that scarcely a fever attracts our attention that is free of the periodic manifestations of malaria. We have, also, found out that malaria does not always manifest itself by chills, etc. It appears in many forms that would require a lengthy article to make plain. Now and then we find a subject with no fever. He has lost appetite, is "all broke up," and presents all the evidences of acute mania. Maybe his family and friends have considered him "crazy" for weeks. So he is, but a brisk course of anti-malarial treatment brings him around all right.

Yes, the older the doctor grows the less medicine he gives. He, after a while, learns that when you once get the glandular and absorbent system into vigorous action you have accomplished most of your labor. Then you are ready for

"tonics," and by this time you have learned that good, well-cooked food is the *sine qua non* in the field of tonics. Is not this so, "Old Doc?"

Man's normal condition is a state of health, consequently give just as little medicine as possible to bring the abnormal man back to his proper standard. Then stop. We all know that, as was once said by an old medical teacher—Wood, perhaps—that nineteen cases out of every twenty of sickness tend to recovery. Then let us remember that rest—especially for the stomach—is one of our chief arms of offense and defense, and I wish to underscore this with reference to the summer complaint of children, for I do firmly believe that more people are killed by over-feeding than famine ever slew.

While I am talking about "thinking," I wish to commend the course of the MEDICAL BRIEF along this line. The BRIEF is a thinker, and a pretty free thinker at that. By this I mean that it, knowing there is good and evil before all men, is willing to be painstaking in the delivery of its own opinion, but in nowise dictatorial; especially is it opposed to making men think by statute. In this it is eminently correct, for you can no more make a man think right by the enactment of a statutory law than the fiat of this government can make a genuine gold brick out of the numerous spurious kinds that are dally sold to the public.

The BRIEF is broad and liberal in all of its departments, and sufficiently ethical to meet the demands of the times. If a man's education and conscience do not construct for him a code of ethics, no legislative enactment can. A man is created a gentleman; no law can make one of the "chub."

As to proprietary medicines, I have to say that they certainly fill a "long-felt want" in the office of the country doctor. Take many of the preparations of the manufacturing chemists that could be named, who would be without them that knows their value? It may be different with the city man, with complete drug stores and fine druggists at hand, but out here in the country towns, the splendid preparations of the manufacturing chemists and pharmacists fall like quail and manna did in the fleeing hosts of Israel.

Consequently I can see no valid arguments in the "marked" copies of some of the journals I have received, bristling in their attacks on the BRIEF.

[Written for the MEDICAL BRIEF.]

Case of Cancer of the Breast Treated Successfully by Medicine.

BY ELI G. JONES, M. D.,

New Brunswick, N. J.

My object in reporting this case is to get the profession interested in the medical treatment of cancer. I have made a special study of the medical treatment of cancer—both external and internal—for thirty-six years. During that time I have treated all forms of cancer from twenty-five States of the Union. I have always considered cancer as a blood disease, and that to cure it we must reach the disease through the blood. The fact that I have cured cases of genuine cancer fifteen and twenty years ago, and there has been no return, proves that my theory regarding this disease is correct. The medical profession have for many years regarded cancer as a local disease, and have cut out everything that looked like a cancer. As the mortality from cancer is gradually increasing we must conclude that the knife is not a cure for the disease. A surgical operation is purely mechanical. The surgeon can only cut out what appears under the naked eye, while thousands of the cancer germs are multiplying in the blood. In August, 1890, a lady came from Washington, D C., to the cancer hospital in New York, sent there because the doctors in that city did not care to operate on her. She remained at the cancer hospital about three weeks, and was pronounced past being cured by the doctors of the hospital. About that time she was removed by her friends to a private house and a physician called to see her. He called me in consultation. I found a lady about fifty-one years old, confined to her bed with a scirrhus cancer of the right breast. The cancer occupied the whole of the breast and was broken open in the middle of the gland. The lymphatic glands in the axilla were swollen quite large, and also a swelling on the right side of the neck; her general health very poor, no appetite, weak heart, and suffer-

ing from pain from the cancer. Notwithstanding the very unfavorable prognosis of all the other doctors who had examined her, I gave it as my opinion that she could be cured. Locally, I applied to the breast:

R Ext. Conium..... } equal parts.
Ext. Hydrastis Can..... }
Ext. White Oak Bark..... }

M. Sig.: Spread it on a soft cotton cloth and apply it large enough to cover the cancerous tumor. Apply the new plaster every twenty-four hours, the plaster to act as an absorbent to the swollen glands under the arm.

I applied solution iodo bromide calcium, full strength, on lint, keeping the lint wet with the solution. I also applied the same to the swelling on the side of the neck. Internally I gave her

R Co. Syr. Trifolium.....1 pint.

M. Sig.: Teaspoonful after each meal, and a five-grain pill of quinine before each meal. To give her rest at night I gave her tincture passiflora in teaspoonful doses.

The above treatment was followed up for about three weeks, as I wanted her to get strong enough to bear the active treatment to remove the cancerous growth. In three weeks her general health was very much better, the cancerous growth not so large, and the glands in the axilla softer and not so large. We now decided to remove the growth from the breast. Locally we applied a plaster of

R Saturated Sol. Chloride Chromium.
Saturated Sol. Chloride Zinc.
Alcoholic Ext. Mandrake.
Pulvi Blood Root.

Of each sufficient quantity to make a thick paste.
M.

This was spread on a cotton cloth (white) and remained on twenty-four hours; then another one applied until five had been applied. When the last one was removed the growth was hard, like sole leather, and felt very heavy, like a dead weight. We began poulticing the growth with pulverized slippery elm bark and hot water mixed for poultice, to be changed every two hours. To sustain the heart's action we gave her cactus grandiflora, once in three hours. In a week the growth came out on the poultice. We poulticed it a few days to encourage the discharge of cancerous matter, then applied the following ointment, once in twelve hours:

R Burgundy Pitch 1 ounce.
Beeswax 1 ounce.
Olive Oil 1 ounce.
Mutton Tallow 1 ounce.
White Pine Turpentine.....1 ounce.
Cosmoline.....5 ounces.

M.

In about six weeks the sore was all healed up and the cure of the cancer was permanent.

In the treatment of cancer I have no stereotyped treatment, but treat each case according to the indications that I find existing in that particular case. This has been the secret of my success.

Any doctor who starts out to treat all forms of cancer with one form of treatment will fail, as hundreds of others have in this country. The treatment of cancer is a specialty, the same as the eye and ear, or gynecology, and a man must make a business of the study and treatment of all the different forms of the disease, and he must remember that there are no two cases just alike. About fifteen cases out of one hundred are hereditary. In every State and country where vaccination is compulsory, there you will find cancer on the increase.

[Written for the MEDICAL BRIEF.]

Causes.

ANNIE K. BAILEY, M. D.,
Danbury, Conn.

Hay Fever, Etc.—The microscope has revealed in the nasal excretions of persons suffering from epidemic influenza, the irritant to be infusoria resembling epithelial cells, with cilia, which exhibit very active movements. They are identical with those derived from the water in lakes, ponds, or stagnant water. These should always be sought for in ascertaining the cause of epidemic influenza, some forms of asthma, and hay fever. They are effectually destroyed by local applications with sprays containing carbolic acid, and an alkali, as Dobell's solution.

Cancer.—Cancer is declared to be the result of eating flesh food. How? An animal reaches its maturity in about three years; man reaches his true maturity at thirty years of age; rapidly growing cells being imposed upon slow-growing cells proliferate as a result of some irritant, mechanical or otherwise, and degenerate with attending consequences.

Disease.—The direct cause of a whole class of diseases is a deficiency of the normal chemical constituents of the dif-

ferent tissues of the body from the normal source of supply, as decreed by the Creator for the safety and well-being of the creatures whom He had formed of the dust of the ground. It is written: "He causeth the grass to grow for the cattle, and herbs for the service of man; that He may bring forth food out of the earth." The scope of His provision lies in grains, vegetables, fruits, etc., which contain no cancerous possibilities. The foundation of skillful medical practice lies in a knowledge of the predilection of certain elements to certain tissues. For instance, the predilection of copper is invariably to the brain and abdomen, manganese is a peculiar element of hemoglobin, arsenic maintains the normal standard of red blood corpuscles, and is invaluable as a restorative to the damaged blood corpuscles in severe cases of syphilis, etc.

Tendency to Pus Formations is caused by the action of alcoholics on the blood corpuscles, so changing their normal character in shape, vitality, etc., that they become agglutinated, thereby changing their function, and preventing their normal flow through the capillaries, predispose to pus formations, as in empyema, complicating a pneumonia, etc.

Bright's Disease.—That expression of the disease as manifested by hyaline casts, is nothing more or less than the action of alcoholics on the serum albumin of the blood, precipitating the albumin, which, in its separate and changed condition, being unable to pass through the kidney tubules, make a cast or impress of the tube on its passage. Normal kidneys also vitally excrete egg-albumin, but resist the passage of serum-albumin only under pathological conditions.

Angina Pectoris is the result of a diminution in caliber of the coronary arteries, or of the aorta, immediately about their orifices. Continued high tension in the aortic system is a primary cause of arterio-sclerosis, whether from febrile, or other causes, from which the heart and coronaries suffer most. Functional increase of the heart action is also a factor in the production of sclerotic tissue. "An artery which is the seat of arterio-sclerosis may later become affected by atheroma," as the kind of stimulus determines

the kind of cell-proliferation, or change. The specific action of barium chloride on sclerotic tissue, relative to angina pectoris, may appear in another article later.

Syphilitic Stricture is due to an infiltration from the blood of a substance resembling lardacein in the walls of the small blood vessels, especially the arterioles and capillaries, or in organs whose tissues are already injured by disease through malnutrition, due to anemia. In a large proportion of cases the intestines are the seat of the deposit, occasionally the esophagus, testes, etc. This infiltrated substance is soluble in water. The specific virtue of oil of hyssop is to purge the system of the specific virus. The free use of water, drinking, if possible, two quarts daily in divided portions, and two hot baths a week, cleanses the system and carries off the matter prepared to be eliminated by the hyssop.

Ulcers Accompanying Syphilitic Disease, as in other instances, is a secondary matter, due to malnutrition of the tissues, through disease of the nervous system in particular. Lower vitality of a tissue is due to interference from any cause with its nervous supply. Ulceration is due to nerve change and lessened resistance of the tissues. As syphilis is so largely a disease of the blood corpuscles, arsenic is a most valuable remedy to restore the normal standard of the corpuscles, and copper to restore the standard of nerve substance of the brain and abdominal nerves. Arseniate of copper, one one-hundredth grain, one tablet night and morning for several days at a time only, watching the same, will render most valuable service in these conditions.

A most valuable key for the discrimination of causes for those who will receive it—it is written: "For the good are good things created from the beginning; so evil things for sinners or the disobedient of the highest laws."

Enclosed find one dollar and a half for the MEDICAL BRIEF and *Funny Bone*. I take all the leading medical journals, and can truthfully say the BRIEF ranks with the best.—DANIEL B. CLIFFE, M. D., Nashville, Tenn.

[Written for the MEDICAL BRIEF.]

Faddists.

BY JOHN A. WELSCH, M. D.,
Farber, Mo.

All professions have their faddists, the medical profession being no exception. They have the fellow who is looking for the lost corpuscle, those who are looking for the misplaced cell, those who are trying to discover the contagiousness of tuberculosis and of pneumonia, and the fellows who cure everything by infecting one of the lower animals and drawing off the serum from the infected animal and reinfecting the man. These fads are probably harmless to those who follow them and possibly all contain an element of truth which continued investigation and research may make of practical value to the physician, providing he is left free to use his individual judgment and make his selections after comparison and investigation.

But there is another class of faddists that are a menace to the profession as a body and individually. They are the law faddists. Nothing not original with them looks right to them, and yet they are not willing that their pet theories shall be placed before the profession and they be allowed to use their judgment in the matter and they are not usually brilliant enough nor have they professional success sufficient to make them prominent or powerful. But they are determined to secure both, and knowing the average physician to be an overworked and poorly paid individual, they realize that here is a good field to sow the seed of discontent and they proceed by telling them that if you will sacrifice your liberty and place the matter in our hands we will have laws passed that will legislate the other fellow out and you in; in other words, we will take the practice from the other fellow and give it to you by a process of legislation.

The physician being a busy man with no time to investigate beyond the sound of words, and they sound good, accepts the proposition. But the support of at least a part of the people is needed and the law faddist appeals to them after this fashion: He says to the people, Your physicians are

ignorant and incompetent, you need protection, you need a law that will insure you that none incompetent will be allowed to practice and this will save you the trouble of using your own judgment in the matter, which would likely be poor in any case, and the result laws are passed. These laws, of course, require some one to see to their enforcement. This means positions which are filled by political appointment from the ranks of the law faddists. And the result is that the physician finds himself bled for fees on every hand—competition increasing. Nondescripts of every kind springing up, his right to change his location prohibited, his right to think and regulate his own conduct questioned, his favorite medical society converted into a political machine to serve the interests of these self-appointed guardians. And possibly his very right to practice where he has served so long questioned. And, finally, these guardians, in order to make themselves perpetual, organize, and make the declaration that in the future a diploma from one of our reputable medical colleges shall serve only as a means of identification, and have no weight as an evidence of education or fitness to practice. Their label being the only genuine, and this can only be procured by being a member of one of the societies supporting the guardians, or, possibly, two of such societies, in addition to the means of identification; and if this, together with their extortionate fee, will not keep you out they have what they call the preliminary educational requirement, which they admit, in some places where they use it, that it is of no practical value to the prospective physician, and yet they use it. Some physicians dare to question where these politician regulators get their education which pales a diploma from one of our great institutions of learning into a means of identification and robs it of its value as an evidence of qualification.

Others would like to know why they must belong to at least two of their pet societies before they are entitled to any recognition from them, and their answer is: You have appointed us your guardians and you must not presume to think about these things. You publicly acknowledged your unfitness to use your

judgment as to your conduct as professional men and now you must not be unethical and question our wisdom, and if you do we have you where you can not help yourselves, so now be good or we will prosecute you under a new law which we propose to have passed by the incoming legislature—to create a few more offices and further protect you and the people.

While the above statements look as if they were extreme, they are facts.

If some worthy practitioner who graduated some fifteen years ago will attempt to change his location he will find this to be a correct statement of affairs. Why should the medical profession have guardians? If it is a fact that such an extensive preliminary requirement is necessary, how can a man have success without it, as many of our best and ablest practitioners do? Are the people so ignorant they can not distinguish between a successful physician and an ignorant pretender? Why should a physician be compelled to belong to a medical or other society whose principal accomplishments are to devise laws to furnish salaried positions to their political promoters and work hardships on the rank and file? This does not allude to the society whose expressed objects are to promote scientific investigation, disseminate knowledge, and promote friendly intercourse between physicians. Special legislative committees are not necessary in such a society and special class legislation has no part in its working. How long, brethren, before we will wake up and dismiss the political doctor?

[Written for the MEDICAL BRIEF.]

Pneumonia Not Necessarily Fatal.

BY E. V. PENNINGTON, M. D.,

Mohawk, Tenn.

Of late I see much in the medical journals and newspapers about the great mortality of pneumonia in New York and some other Eastern cities. I read these startling accounts with amazement and wonder. At a meeting of a New York medical society some weeks ago one of the prominent members of the society frankly told them they did not know how to treat pneumonia, and the sooner they would acknowledge the fact and set to

work to find a successful treatment the better it would be for all concerned. They bowed up their backs and fuzzed their tails like a set of mad cats, but when he showed them their record they had to own it. The unsuccessful part of the profession are trying to teach the people there is no cure for it in order to cover up their ignorance of its treatment.

This is very plain talk, but the result of their work shows that the undertaker gets most of their patients and the world can see at once that their efforts are a blank and a failure. I believe that the treatment used by nine-tenths of the physicians for pneumonia is a failure; but, gentlemen, it is not because there is no successful treatment for the disease. It is because they have laid down common sense and rational therapeutics. They have gone off after "fads" and have not yet returned (to the sorrow of the families of their many patients).

New York is considered a great medical center, and it is a great city and has some good men in it. They have some good medical colleges there and it is considered very popular for physicians to go there for an education (?). But how about a man trying to be a professor in a medical college and to teach other men how to treat the sick and cure a case of pneumonia when he can not do it himself? If the men at the head of the profession can not cure a case of this disease they had better "go foot" and come up again. They had better go to the country and take lessons under some "cross roads" doctor until they learn to successfully treat this, one of the easiest of all diseases to be cured.

I know this does not correspond with the teachings of some of those considered most eminent in the profession, but it corresponds with fifteen years of personal experience, and I lean on that stronger than any man's writings or my college teachings.

A few years ago a representative of a medical publishing house offered me a work on practice by one of America's most famous teachers and writers. I happened to open the book at the chapter on pneumonia. I scanned his treatment and it said: "There is no successful treatment for this disease. If there is any-

thing which influences or cuts it short or cures it one day sooner than it would get well without treatment I have never found it out. Most of them will die, anyhow." I did not buy the book, of course not. The trouble with most of them is that they are all trying to act "German," or do like Koch and a host of others have tried to do—advance some great germ theory and laud some fake serum or germ killer and have all the newspapers and medical journals howling for the immortalization of this giant discoverer; and when we find the truth of the theory by a test, there has been nothing discovered. They try to catch a great big opossum out of a great big tree, when in reality it is only a small opossum sitting in the fork of a dogwood bush where they could have easily reached up and got him if they had known he was there.

The New Yorkers protest that the soothing influence of their presence might benefit the dying patient. It would be just as well and more economical to just call the preacher to do that. A physician that can do no more for a pneumonia patient than that had better get him a job as a dry goods clerk or to sell "lightning rods."

This "germ theory" fad has done more harm to the profession than anything that has crossed our path yet. It has caused good men to throw down rational treatment (treating the patient and his symptoms) and go to hunting for "bugs" and microbes that unscrupulous and unscientific bacteriologists have told them was the cause of the disease. Then they spend all their time hunting for a remedy that will kill the microbe, and when they have gotten the "bug" killed the patient is killed, too. They go hand in hand together into the grave.

The microbe is not the cause of the disease, but is the result of it. Nature sends those little scavengers in there to devour the decaying tissue to prevent sepsis and consolidation of the lung.

Let the bug alone; when he is no longer needed in there Nature will remove him. He does not attack healthy tissue and can only thrive where there is decay going on. A pneumococcus never was the cause of a case of pneumonia and never will be. Then it is just as rational to try to kill

all the buzzards when your horse gets sick as it is to try to kill the microbes because a man is sick. He only destroys the dead and poisonous part of the waste from a diseased system. Pneumonia is one of the most dangerous and painful diseases we have if let run its course, but I reiterate, it is one of the most easily managed, and easily aborted at any stage, of any disease that I have ever treated.

I see no reason whatever for such a mortality from it as we are having. I think myself it is time to call a halt, consider our fatalities and the virtue of our remedies, and if we can not keep "crape off the door" with the treatment we are using, get one that will give satisfaction.

When men's and women's lives are at stake there is no time to sit around "looking wise" and wait for our personal bearing to influence the patient to recovery, and then when he dies stand around the mourning family and say: "The Lord giveth and the Lord taketh away; blessed be the name of the Lord." The Lord did no such thing. He had nothing to do with it outside of the laws of Nature.

I write this article not just to criticize somebody, but to keep the profession from shutting out hope of successful treatment of such a prevalent and fatal disease as pneumonia has been. I am tired of hearing college professors and medical writers reiterate their fool bug theories and pathological nonsense about this disease and teach budding physicians that there is no cure for it, and to be satisfied if he cures a few of them (or rather if a few get well in spite of him).

Gentlemen, it takes one hundred per cent of cures to satisfy me in treating this disease. It is very prevalent in East Tennessee, and in fifteen years of experience with it I have treated them at all stages of severity and all ages. With the treatment I use I always find them better on the second visit, and usually better every day until they are well. I always dismiss the case inside of seven days. I have never lost one, and if I ever do I shall be so dissatisfied with myself I shall quit the business. It is not so much in which remedy we use as how we use it. First we should make a positive diagnosis of existing conditions. Go at it

sensible, like a mechanic would do in dealing with a defective piece of machinery. Know what is wrong. Know what will have to be done to relieve the situation and then select the best one of a class of remedies that will produce that effect. When that remedy is selected, use it according to effect. Make it do what you want done, then stop. The one that is most skillful in the discharge of this duty is the one most successful in curing pneumonia. We need no new remedies or specifics to do it, but use what we have and use them for all the good there is in it. I lose patients with some diseases, but it pains me to hear of good men and women dying of this disease. Then, when the profession is trying to satisfy the public mind with their unsuccessful clumsiness I can not help but "speak up."

I would like to go more into details, but fearing I am already too lengthy I will have to stop.

[Written for the MEDICAL BRIEF.]

Case of Necrosed Bone of Head.

BY A. D. SHAW, M. D.,

Physician to Garland County Poor Farm.
Hot Springs, Ark.

Jacob Motts, white, aged fifty-three, admitted to poor house, March, 1904.

On my first visit to farm after his admittance, on close examination and history, diagnosis was: Syphilitic necrosis of parts of temporal and frontal bones. Center of necrosis was at sutures of said bones. He contracted syphilis some twenty years ago. Had taken treatment here for a period of ten years, off and on, as a sore would break out, until all his money was gone, hence going to the poor-house.

After examination, I gave patient constitutional treatment, until in June, without any good results, I advised an operation. Not having any place to operate at the poor farm, had patient brought to my office, on June 20th.

Assisted by Drs. R. G. Davis and S. D. Well, we proceeded to operate, mind you, in a private office. Patient being a pauper, and no fee from him, only the paltry fee of \$50 from the county

for the operation. Patient cleansed, placed on chair and etherized. We made our incisions as follows: Commencing about one inch above and in front of ear, extending to eyebrow. Along suture of bones, upward an inch, and along same suture downward two inches. Exposing five and one-half square inches of necrosed bone, with lines of demarkation very plain; lifted out bone and exposed an abscess containing an ounce of pus. A fistula had formed along the frontal bones, which was removed. Wound cleansed and dressed, and patient put on cot a few hours. After operation patient went to his room, coming up every morning for the wound to be dressed. The wound was healed by granulation, not putting in a plate of any kind. Patient has made a complete recovery.

Now, what was the cause of the necrosis? Was it due to syphilis, or was it due to mercurial salts deposited in the sutures of bones. As I have two more cases of necrosed bones, one of leg and one of arm, in syphilitic patients out at the poor farm, for when they go to the poor house they have had the treatment here, viz., rubbing mercury, and taking kali iodi. from one to ten years, off and on, as a sore will break out. I would like to hear from members of the BRIEF family as to the causes of the above troubles.

Success to the BRIEF and its readers.

234 Central Avenue.

[Written for the MEDICAL BRIEF.]
Halitosis, Bad Breath.

BY C. W. CANAN, M. D., B. S., PH. D.,
Orkney Springs, Va.

In treating this subject we will be as brief as possible, owing to limited space. The exhaled air, called the breath, is composed of nitrogen and oxygen; the latter is less in proportion than found in the atmosphere. The breath also contains aqueous vapor, ammonia, organic impurities, and a little over four per cent of carbonic acid. The last named ingredient is increased in the early stages of the acute infectious diseases, viz., measles, scarlatina, small-pox, etc., except typhus fever, when it is diminished. The

temperature is slightly less than that of the body, being influenced by that of the external air, but seldom falls below 92° F. In fevers, the temperature is increased, but in the algid stage of cholera, and when death is pending, in many diseases it is almost cold.

In perfect health the breath is almost odorless, but is modified by very slight causes, and under many conditions becomes valuable as a diagnostic sign.

In diabetes mellitus there is a peculiar sweetish odor, likened to those of honey, sweet apples, or new mown hay. In glaucoma a peculiar breath known as *halitine safraneæ* is invariably present. In pyemia there is a peculiar breath that is hard to describe, but when once detected will seldom be forgotten. The breath of chronic alcoholisms is very offensive, possessing a peculiarity, unlike any other odor. Many volatile substances when entering the system through the ordinary channels are excreted to a certain degree through the lungs, and contaminate the breath. These are chloroform, turpentine, alcohol, etc.

Bad breath may be due to either local causes or systemic disease. Among those that are local will be found dental caries, and various affections of nose, mouth, larynx, pharynx, tonsils, and lungs. Bad breath more frequently results, in those who have decayed teeth, from particles of food that are undergoing decomposition than from the teeth themselves. This is sometimes the cause where there are no caries, in persons that are careless about their teeth.

In cancrum oris, follicular tonsillitis, and necrosis of the jaw, the breath has a very characteristic sickening odor. In follicular pharyngitis, the odor is due to decomposition of the secretions and food particles that fill up the follicles, and is characteristic of fecal matter. The breath in diphtheria is suggestive of putrefaction.

There is a condition known as catarrh of the tongue, which occurs as a disease *per se*, or may be associated with dyspepsia, in which the odor is due to decomposition of mucus, epithelial scales and particles of food.

Offensive breath is always present in dyspepsia, either gastric or intestinal. The cause, or wherefore, is easily under-

stood. The broken-down tissues, and effete matter, that should be eliminated through certain channels, are dammed up, hence Nature tries to assist, by throwing off a part through the lungs.

When constipation is associated with this disease, the breath at times is very offensive, because of large quantities of decomposing organic matter. The breath is also offensive in gingivitis, the result of mercurial or arsenical poisoning. The same is true in scurvy and syphilitic ulceration of the mouth and fauces. Ulcers in the larynx and pharynx, especially when syphilitic, contaminate the breath. The same is true of tubercular ulcers.

There is no disease that makes the breath so offensive as ozena. In this disease the breath is exceedingly foul and repulsive.

Patients suffering from uremia have a breath that strongly resembles ammonia, due to a failure on the part of the kidneys to eliminate urea.

Various mineral substances, which are themselves almost, or quite, without odor, when taken into the system, in sufficient quantities, cause a very disagreeable breath, due to irritation of the stomach, or deranged digestion. The odor of the breath may change temporarily under trivial causes. Fits of anger and excitement may, and often do, produce fetid breath.

Some women's breaths are always offensive during their menstrual periods. In feverish conditions in children, the breath has a sweetish odor, reminding one of chloroform. Children suffering from worms, have this peculiar breath, except more fetid, but it can not be relied upon, because many conditions in which there is irritability along the alimentary canal may give rise to similar, if not identically the same bad breath.

In certain forms of bronchitis, and in cancer of stomach and liver, the breath may become very offensive. There are some individuals who suffer more or less from an offensive breath, the cause of which it is impossible to discover. This may be constant, and yet there seems to be no deviation from normal good health.

We believe that the cause of this condition lies in faulty elimination of the skin, because the breath of this class of

persons always partake (smell) of sweat and other secretions.

Treatment.—The treatment of this condition is as varied as the causes themselves. The thing to be remembered above everything else is to find the cause. This found, your success will depend whether the disease is curable or not. Where it is due to caries of the teeth, all cavities should be filled, and teeth that are too far gone extracted. If the gums are spongy, a tooth wash should be used containing thymol and myrrh.

When the cause lies with the stomach, we have found nothing more serviceable than charcoal after meals, in conjunction with the recognized treatment. In catarrhal conditions of stomach and bowels, with fetid breath, we have found the non-alcoholic extract of golden seal to be a most efficient remedy. Constipation should be corrected, if present, in all diseased conditions of the alimentary canal. Begin this with a thorough cleaning out of all retained debris, then follow with your laxative, and add to this the sulpho-carbolates to render the canal aseptic, and maintain it, and the offensive breath will soon disappear.

In all diseases of the mouth and fauces that are ulcerative in nature, a mouth wash or gargle should be used containing carbolic acid (one to two hundred) to which a little thymol has been added.

To sweeten the breath in incurable diseases of mouth, larynx, or throat, use the following:

R. Thymol.....	3½ grains.
Borax.....	15 grains.
Oil of Nutmeg (dissolved in one drachm of alcohol).....	5 minims.
Distilled Water.....	16 ounces.

M. Sig.: Rinse mouth freely or gargle often.

In tubercular conditions, bronchitis, liver, and kidney troubles, everything possible should be done to establish a healthy condition of the skin. There is nothing so essential to purify the breath in these conditions as systematic bathing and friction of the skin with a flesh brush.

For bad breath, where it is impossible to remove the cause, the following can be used, and will be found more or less effectual in disguising it: the oil of cinnamon, cardamum, mint, nutmeg, cloves; cardamon seed, anise, spice, etc. It should

be remembered, also, that in many conditions, the proper restriction of diet will be found exceedingly beneficial.

[Written for the MEDICAL BRIEF.]

Is Drug Treatment Useless in Pneumonia?

BY G. W. N. ELDERS, M. D.,
Hematite, Mo.

Dr. Arthur D. Bevan, of Chicago, asserts that it is. After an active practice of thirty-eight years, with more of that kind of practice than usually falls to a single physician, and having passed through three severe attacks of the disease myself, I claim to know whereof I speak.

I assert that the proper treatment of pneumonia does do good, and saves many lives that would otherwise be lost. In my own case when remedies were administered and certain local application used, I would at once feel better, and soon begin to mend. The duration of the disease under proper treatment should not run a longer course than from five or seven days, that is when treatment is commenced in the first stage of the disease. Without entering into a description of symptoms or pathology or cause will at once give my treatment of the disease.

First do not treat the name, but the patient and the plain indications of the disease. On being called to case of pneumonia first put the patient in the most favorable condition as to surroundings, room, nurse, etc. The patient should have a comfortable bed, a light room with good ventilation. Temperature should be kept at from 65° F. to 70° F. All company should be excluded save proper nurses; no talking allowed by patient; patient should have plenty of fluid nourishment with plenty of good cold water to drink; lemonade when preferred by patient. Sponging off every six hours with warm soda water, or if extremities are cool, with mustard water (warm), medical or drug treatment. Would first clear out bowels with an active cathartic containing calomel, and at once apply a large fly blister over diseased lung, leaving it on long enough to produce a good blister, opening by pricking with needle, letting water out

frequently, dressing with vaseline and continuing irritation produced by blister until disease subsides by repeating blister as necessary to keep part sore on outside until inside is all right. (This is on homeopathic principles, but is good all the same. *Similia similibus curantur.*)

Then after bowels are freely moved would continue mercury with Dover's powders, say about one-quarter grain calomel with one or two grains of Dover's powders every three hours. At the same time if fever is high, cheeks red, give three minims of fluid extract of gelsemium every three hours, alternating with calomel, but if cheeks are pale give belladonna or atropine instead of gelsemium. If heart should be weak or should we fear heart failure give digitalis, as indicated after fever has begun to subside. Give quinine and iron in small doses every three hours.

In addition to medicine I have chest enveloped in jacket well padded with cotton batting and kept comfortably tight over chest, so as to cause abdominal breathing to rest lung.

This is the way that I have been treating plain, uncomplicated cases of pneumonia. Of course, we often meet complications that require different treatment and a great deal is dependent on our judgment in such cases.

I rarely lose a case when called in time, or not more than ten per cent, and as I said before I have had more than my usual share of such cases from the fact that the people think I am better on pneumonia than my neighboring physicians, and I have practiced in this community for thirty-eight years.

I hope this will give some young physician courage to use drugs in pneumonia.

We have been friends a long time, and I can say for you that you have hated all the foolish fads that have come and gone, and have worked to keep us lesser lights in our senses, and so much depends (to me) on continuing our relations that I enclose one dollar for another year of the MEDICAL BRIEF, to further the good work you are doing.—W. B. TACKETT, M. D., Johnson, I. T.

[Written for the MEDICAL BRIEF.]

A Brief History of Modern Surgery.

BY E. J. KEMPF, M. D.,
Jasper, Ind.

(Continued from page 168.)

Anesthesia.—The National Library of Paris contains a manuscript entitled "A Treatise on Painless Operations." In it the author, Denis Papin, the illustrious philosopher who originally discovered the use which might be made of steam as a motive power, describes the different means which may be used to lull the sensibility of patients and to spare them the pain of operations. It is known that Papin, disgusted at the shackles which were placed on his researches in medicine, gave himself up to philosophical pursuits. The manuscript in question was written in 1681. Papin, when leaving Germany to return to France, gave it to an old friend, Dr. Bremer, who alone had sustained him by his encouragement and appreciation. This manuscript finally fell into the hands of Pador Lahn, a schoolmaster in the environs of Marburg, who died at an old age, when his heirs sold the manuscript to the National Library for a considerable price.

Modern anesthesia, however, was foreshadowed by Sir Humphrey Davy, in 1800, when he wrote: "As nitrous oxide in its extensive operation seems capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great loss of blood takes place."

This property of nitrous oxide, although a matter of common knowledge, bore no practical fruit until 1844. On December 11th, of that year, Horace Wells, a dentist of Hartford, Conn., being convinced of its anesthetic properties, submitted himself to the influence of this gas and had a tooth extracted without pain. Most truthfully did he claim on awakening, that "a new era in tooth-drawing had been entered upon." For want of apparatus he was unsuccessful in his attempt to extend his discovery to severe surgical operations, and disheartened by failure he put an end to his life. Wells was the Columbus of anesthe-

sia; he touched upon the island, but did not recognize the great continent beyond.

By this time the stimulating effects of the vapor of ether had been discovered, and its similarity of action to nitrous oxide recognized. About two years after Wells' discovery, ether was administered by Dr. T. G. Morton, of Boston, on September 30, 1846, and a tooth was removed without pain. On October 17, 1846, ether was administered by Morton for a surgical operation performed by Dr. Warren, and several other successful trials soon followed.

Dr. J. Mason Warren thus relates the circumstances of the introduction of the use of ether into the Massachusetts General Hospital: "In the autumn of 1846, Dr. W. T. G. Morton, a dentist in Boston, a person of great ingenuity, patience and pertinacity of purpose, called on me several times to show some of his inventions. At that time I introduced him to Dr. John C. Warren. Shortly after this, in October, I learned from Dr. Warren that Dr. Morton had visited him, and informed him that he was in possession of, or had discovered, a means of preventing pain, which he had proved in dental operations, and wished Dr. Warren to give him an opportunity of trying it in a surgical operation. After some questions on the subject, in regard to its action and the safety of it, Dr. Warren promised that he would do so. On the Tuesday following, October 13th, after the surgical visit at the hospital, a patient was brought into the amphitheater for operation. This being the first opportunity which had occurred since Dr. Warren's promise to Dr. Morton, Dr. Warren said to us: 'I now remember that I made a promise to Dr. Morton to give him an opportunity to try a new remedy for preventing pain in surgical operations,' and asked the patient if he should like to have the operation done without suffering. He naturally answered in the affirmative. The operation was, therefore, deferred until Friday, October 16th, when ether was administered by Dr. Morton with his apparatus, and the operation performed by Dr. Warren. It consisted in the removal of a vascular tumor of the neck, which occupied five minutes. During a part of

the time the patient showed some marks of sensibility; but subsequently said that he had no pain, although he was aware that the operation was proceeding. On the following day a woman requiring the removal of an adipose tumor from the arm, was rendered insensible by ether, given by Dr. Morton; and Dr. Warren requested Dr. Hayward, who was present, to perform the operation. This was successful, the ether being continued through the whole operation, which was a short one, and the patient being entirely insensible."

"A few days afterward Dr. Warren informed me that he had learned from Dr. Charles T. Jackson that he had suggested the use of ether to Dr. Morton."

The success of this process in the prevention of pain was now quite well established—and anesthesia had been discovered.

Though Dr. Charles J. Jackson claimed that he suggested to Dr. Morton the use of ether, and that, therefore, he was entitled to the credit of the discovery, to Dr. Morton rightly belongs the honor of having carried anesthesia for surgical operations into practical operation. Other claimants soon arose to the honor of having made the important discovery.

The discovery of anesthesia conveyed a priceless boon to mankind. Through the use of anesthetics wonders have been wrought. Not only are the pains of the patients minimized and the evil effects of its dread banished, but the operator is no longer obliged to hasten his work unduly. He is enabled, unhindered by the sufferings and struggles of those under the knife, to proceed slowly and cautiously with minute attention to detail. All of which renders possible the performance of operations which could not have been performed in the old days and in the old ways.

In 1839, the surgeon, Velpeau, wrote: "The escape from pain in surgical operations is a chimera which it is idle to follow up to-day. Knife and pain in surgery are two words which are always inseparable in the minds of patients, and this necessary association must be conceded."

Yet, during the next few years, various discoveries revolutionized the practice of

surgery and banished the intense agony caused by the knife. From Boston, where the first experiments with ether were made, the use of the new anesthetic in connection with surgery spread to all parts of the world. Before the close of the year major operations were performed in London, and within a few weeks no serious operations were performed at the hospitals without ether.

Park, in his "Epitome of the History of Medicine," asserts that the name of "Anesthesia" was suggested by Dr. Oliver W. Holmes to Dr. Morton, so that the name as well as the discovery of anesthesia must be credited to the United States.

On November 10, 1846, a new anesthetic was introduced by Dr. (later Sir) James Y. Simpson, who experimenting on himself with various compounds, at the suggestion of Mr. Waldie, a chemist of Liverpool, tried chloroform, and on the 15th of November he published his success with chloroform.

Dr. Guthrie, of Sackett's Harbor, New York, was an original discoverer of chloroform, quite independently of the contemporaneous (1831) researches of Souberran, Liebig and Dumas—made at the same time, but unknown to Guthrie. The credit of the discovery of its virtues as an anesthetic, however, rightly belong to Simpson.

Chloroform rapidly replaced ether and for nearly twenty years it was almost the only anesthetic used in all the countries. The change would have been permanent had not further experiment shown that chloroform sometimes causes sudden death. The increasing frequency of fatal accidents awakened attention and excited fear. After this many experiments were made by mixing the various anesthetics. Chloroform and ether in various proportions, chloroform, alcohol, and ether, and again ether alone were recommended and used by the leading surgeons of the world. At the present time both chloroform and ether are used as anesthetics. The purity of the chemicals and a better knowledge of giving them have diminished the danger somewhat. The practice of allowing a green student or a bystander to administer the anesthetic was

in the past responsible for the greater number of the fatal accidents attributed to either chloroform or ether. Students should be drilled in the use of anesthetics before they are allowed to administer them to patients about to be operated upon.

New discoveries in anesthesia have been made during the last few years, but except as to local anesthesia, or, rather, analgesia, no noteworthy improvement can be recorded. Chloroform, ether and nitrous oxide (in dentistry) are the three drugs used as anesthetics at the present time. Each has its advocates, but whilst ether is the safest, chloroform is the most pleasant both for the patient and the operator. The following may be considered good rules:

1. Ether should be administered in acute hemorrhage, in shock, in general pulmonary emphysema, in fatty heart, endocarditis, syncope, and at night, unless an electric light is used.

2. Chloroform should be given in nephritis, in acute pulmonary affections, in the nervous and hysteric, and in obstetrics; also in operations where the cautery is to be used.

3. Nitrous oxide should be used in dentistry.

The discovery of hydrochlorate of cocaine, a salt of the active principle of erythoxylon coca, and its use as a local anesthetic, especially in eye-surgery, was made by some laryngologists of Vienna, and later Dr. Koller, of Vienna, put the remedy into good repute by his experiments and reports. It was soon taken up by the profession, who came to the conclusion that the drug really did fill a long-felt want. The chief use of cocaine is in diseases of the eye, and its great worth in operations on the eye as an anesthetic is universally recognized. Cocaine is also used hypodermically in minor surgery, but has been replaced almost entirely by the so-called Schleich's Infiltration Method, which consists of the hypodermic use of a mixture of cocaine, morphine, and the so-called normal salt solution, and which is injected in sufficient amount to produce the necessary degree of tension and local anemia.

The so-called spinal anesthesia, produced by means of the injection of cocaine

into the spinal canal in the lumbar region, is still in the experimental stage of development, and it is very doubtful whether it is anything more than a chimerical idea.

There are other anesthetics and other modes of applying anesthetics, and there are a great number of apparatuses for the administration of the different anesthetics, but in a work of this kind it is possible only to give the principal facts concerning the history of the subject, which I have endeavored to do in as brief a way as is commensurate with the importance of anesthesia.

Abdominal Surgery.—Ever since the discovery of anesthetics and the establishment of the antiseptic treatment of wounds on a firm basis, surgeons of special repute for skill and learning have made the study of diseases of the abdomen and its contents a special practice or a speciality; and this calling they have been pleased to determine as abdominal surgery. And wonderful, indeed, have been the achievements of these specialists. Special modes of preparing the patient, the field of operation, the assistants, the surroundings, and the after-treatment, and the special skill gained by special study of the anatomy and pathology of the abdomen and its contents, has enabled these surgeons to become especially successful in operating on and curing their patients.

The operations upon the appendix vermiformis and its surroundings, merit special mention, as it is an operation entirely of modern origin. To Dr. T. G. Morton, of Philadelphia, belongs the credit of performing the first operation for the removal of the appendix, after having made the diagnosis of a probably diseased appendix. To McBurney, of New York; Treves, of London, and others, should be awarded the honor of perfecting the most useful operation of appendectomy, bringing it in its various forms to the highest state of perfection.

But this is not all. There is probably no organ within the cavity of the abdomen that is not very carefully and skillfully operated upon to-day by these surgeons. The liver, the gall-bladder, the kidneys, the spleen, the intestines, the

bladder, are at the complete command of the modern abdominal surgeon. The large cavities of the body are all reached by the surgeon's knife, but especially does the surgeon excel in abdominal surgery with the aid of antiseptic treatment of wounds.

The surgeon can remove one of the kidneys of the body, if necessary, leaving the other to do its work, and calls this interesting operation, nephrectomy. Or, if one of these organs becomes dislocated, the surgeon sews it into place, and calls the operation nephrorrhaphy. Another very interesting operation on the kidneys with another euphonious name is the removal of a renal calculus from a kidney, which the modern dictionary-maker calls nephrolithotomy.

The modern abdominal surgeon has evinced great skill in performing abdominal operations and after he has performed them he equally skillfully gives them an appropriate name. For instance, when he gets through with an excision of the gall-bladder, he calls it cholecystotomy, and the patient recovers, thanks to modern antiseptic surgery, to become an illustrative and educative case in some first-class medical journal. If the gall-bladder has no passage to the intestines through the cause of some disease or of an impaction of a gall-stone, the modern surgeon takes equal delight in successfully making one, and then calling it cholecystenterostomy. Or, if the surgeon removes a stone from the gall-bladder and then sutures up the cyst, he takes pride in naming the operative procedure cholecystorrhaphy, with the expectation of both bringing him fame, if not fortune. And so the modern abdominal surgeon keeps on multiplying operations on the organs of the abdominal cavity, and then gives them appropriate names, so that a modern medical dictionary is absolutely necessary to the medical student, if he wishes to keep himself posted on the progress of the abdominal surgery of the modern antiseptic era.

Dr. Wm. T. Bull, of New York, was the first to show that intestinal wounds can be mended with needle and thread, silk, or catgut. Since then in some cases several feet of the intestines have been removed with the successful re-establish-

ment of the alimentary canal, with or without Murphy's button, which is no longer thought necessary for the uniting of the intestines when divided by the surgeon, who now prefers to stitch together the ends of the intestines in a skillful and successful manner.

Tumors.—The old authors regarded tumors as something entirely foreign grafted upon the organism. John Hunter taught that a drop of blood, being accidentally extravasated, became organized and assumed a growth independent of the adjacent tissues, and continued to grow till it was limited by some obstacles opposed to it.

Effusion of lymph has been considered a possible cause. It was suggested that in the development of the tumors the lymph played the same role claimed by Hunter for the extravascular blood. Chronic inflammation was regarded for a long time as the essential etiological factor.

Schleiden established the cell theory, which inaugurated the science of biology; Schwann showed from a cellular basis the analogy of the structure of plants and animals. Schwann must be regarded as the founder of the cell theory in its relation to animal tissues.

The study of tumors in plants and in the lower animals has done much in adding to our knowledge of the etiology and pathology of tumors. Johannes Mueller applied the cell theory to the study of tumors. Virchow elaborated this doctrine in establishing by his immortal researches the motto of his great work on cellular pathology, "*Omnis cellula e cellula.*"

Cohnheim referred every tumor to its proper embryonic layer, and claimed that a tumor never had its origin from mature tissue, but always developed from a matrix of embryonic tissue.

In addition to Cohnheim's theory Senn claims that the essential tumor matrix may be composed of embryonic cells, the offspring of mature cells which for some reason have failed to undergo transformation into tissue of a higher type, and which may remain in a latent, immature state for an indefinite period of time, to become, under the influence of either

hereditary or acquired exciting causes, the essential starting point of a tumor.

The treatment of a tumor is necessarily preceded by a diagnosis and a choice of operation. No operation is to be undertaken lightly, but the patient's secretions are to be examined and regulated, and the patient generally prepared as for any other surgical procedure. The treatment of tumors varies with the kind of tumor and other circumstances. Except with the exception of gummata, drugs given by the mouth are not much to be relied on for the cure of tumors. Electricity has, up to the present time, except as a cautery, not taken the place of the knife. Apostoli's method of treating uterine myomata is still *subjudice*. The X-ray is limited to inoperable tumors, and so are the injections of serums or erysipelatis streptococcus products. The knife remains the main treatment for tumors.

[Written for the MEDICAL BRIEF.]

The Therapy of Cholagogues.

BY J. C. DENSTEN, PH. D., M. D.,
Scranton, Pa.

A "cholagogue" is any medicine which will evacuate "bile."

Now the simple fact of evacuating bile does not explain the great therapeutic benefit derived from the administration of cholagogues in many diseases.

We who have practiced medicine for a number of years have learned from experience that in treating all fevers, and especially those of malarial origin, it is a cholagogue which become prerequisite to all other treatment in order to prove more efficient all after-treatment.

In a case of intermittent fever, for instance, we have found empirically that to give quinine without first administering a cholagogue, is practically to fail in a cure, and the etiology of this particular therapy is evident when we know the therapeutic value of bile.

Bile is an antiseptic—an antitoxin—and a bacteriacide, and it has been ordained specifically, from the beginning of animal creation, as a part and parcel of all animals containing a liver, with the express purpose of giving to the alimentary canal a natural antitoxin—germicide

and antiseptic, for the promotion of health.

When the liver becomes sluggish and fails to manufacture a requisite amount of bile sufficient to antisepticise daily the aliments, then it is that fevers and various diseases are engendered. So we have learned that effective treatment of diseases, especially fevers, should be directed first to stimulating the liver, increasing and evacuating bile into the alimentary canal, to clean up, antisepticise and evacuate from the canal all sepsis and bacteria, which have given rise to the disease. When this is thoroughly and efficiently done there is an abortion of the dreaded disease and prognostications are favorable toward a speedy recovery.

The most efficient and effective cholagogue perhaps to be found in the physician's armamentarium is hydrgr. chlorid., mite, which should be given in small doses (one-tenth to one-fourth grain) every fifteen to thirty minutes, combined with soda bicarbonate as an adjunct.

In this form of administration three grains of calomel will prove more efficient as a cholagogue than the ten grains at one dose given by our preceptors.

Podophyllin is largely prescribed and is efficient in emptying the small intestines and as a cholagogue bears the same therapeutic relation to the vegetable as calomel does to the mineral kingdom.

About twelve to fifteen hours after beginning the administration of a cholagogue, especially calomel, there should be a flushing of Nature's sewer with some saline or liquid magnesia.

Hippocrates, the "Father of Medicine," gained all his knowledge empirically, and arrived at conclusions by intuition, the only means at his disposal being by observation. He possessed no knowledge of either anatomy or physiology, yet his treatises on description of diseases and methods of observation are in line with modern medicine. He said: "We must extract the rules of practical medicine, not from the sequelæ of consequences, no matter how probable, but from experience directed by reasoning," and this philosophy is as true to-day as it was then—four hundred and twenty years before Christ.

Theory is often a good thing to possess, but practical experience makes one more

perfect. Theory may be hypothetical, and as such, if followed, may end in failure. Medical theories make a practitioner feel more confidence in himself in the pursuit of first practice, perhaps, and a physician when lost may find himself by consulting theories, but the empirical knowledge obtained by and through applied practice and observation is lasting, truthful experience, which leads up to confidence and perfection, and the sooner the student of medicine gets down to experimental practice the sooner will he be fitted, by experience, for the curing of diseases.

In many countries and even among savages and barbarians, the natives have learned by experience to give bile as an antidote to bites of venomous snakes, with undoubted success and lasting cures. It has been reported and substantiated that hydrophobia has lost its terrors to the natives of Bengal since they have discovered an antidote in the feeding to the one bitten a portion of the yet warm liver of the slaughtered dog or animal which inflicted the bite or wound, the bile in the liver acting as an antitoxin. Bile has been proved an effective immunizer by several scientific investigators and Nature and common sense have been trying to teach us the intended use of bile since man's creation and it may be regarded as an axiom that there is a specific purpose in every act, production and phenomenon of Nature. Therefore, bile being a normal, natural production of the liver a certain amount of it is daily necessary for health, within our alimentary canal; and when from any cause there is insufficient of this substance to sufficiently antisepticise the tract, bacteria accumulate, sepsis results and disease is the sequelæ. When we, therefore, suspect bile to be deficient, we may reproduce sufficient by the stimulating action of a cholagogue.

Enclosed find two dollars for two years. "Counsel in the heart of man is like deep water, but a man of understanding will draw it out." Let the independence of the BRIEF continue, and stand by the laws of the organism, for therein lies the whole of medicine.—ELI CONN, M. D., Akron, Ohio.

[Written for the MEDICAL BRIEF.]

Elimination.

BY W. T. MARRE, M. D.,
Jewett, Ill.

Every young physician is very anxious to give immediate relief, and in order to accomplish this he is very prone to dispense opiates and sedatives liberally, and perhaps frequently call into requisition the hypodermic syringe. As he grows older he learns that under this plan of treatment symptoms are masked, and in many a case the patient's illness is thereby prolonged. To relieve present pangs of suffering is laudable, yea, the doctor's duty, but the possibility of engrafting upon the patient a worse condition should ever be borne in mind.

Elimination is the keynote of success in alleviating nearly all acute conditions and many that are classed as chronic. Conversely the fact is apparent that the checking of secretion and excretion produces the major number of acute ailments and is primarily the causative factor in many chronic troubles. Nature gives us the cue to the treatment in nearly all impaired functions if we would but heed her teachings. It is so easy to forget, or to fail to apply, the knowledge we possess.

For a brief clinical review we may note the four greatest organs of elimination—the skin, bowels, kidneys and lungs. In close touch with these, being accessory thereto, we should keep in mind the liver, stomach, pancreas and the entire glandular system.

The Skin.—This being the greatest emunctory in the body is oftentimes not regarded with sufficient importance. Nearly three millions of sweat glands are constantly at work throwing off poisonous matter. To close these up by enveloping the body with an impervious coating would produce sudden death. We know the effects of chilling or dampness of the skin, especially in the very young, aged or debilitated. Cystitis and pneumonia are invited. Fever reduction being a goodly portion of the doctor's routine, the skin offers the most salient opportunity for this. To lower fever heat production should be lessened, or heat loss should be encouraged through radiation. Aconite

and digitalis reduce temperature by lowering vascular pressure, conducing to peripheral relaxation. It is also thought that these drugs have special action on the heat center in the medulla. The action of coal tar antipyretics is mainly through a perversion of the oxygen-bearing function of the red blood corpuscles. Sweating by the hot pack and by the administration of hot drinks is an old method of promoting cutaneous elimination that is never attended by unpleasant after effects. In rural districts people are accustomed to use the "corn sweat," made by boiling ear corn and wrapping with cloths, placing about the patient. This creates a steamy heat which gives rise to copious perspiration. Under this treatment I have seen a renal anasarca melt away like magic.

The Bowels.—Clinically, this function most often commands our attention. Constipation underlies the majority of cases met by the general practitioner. Nearly all fevers are preceded by an auto-toxemia. Early attention would have set the patient aright. Constipation is often superinduced by a perverted function of some of the organs of digestion. The liver is the great scapegoat and often it is at fault. Calomel and podophyllin in small doses is, as a rule, good treatment directed towards hepatic stimulation. If mercury is contraindicated chionanthus or its product is an excellent remedy and acts without purgation. For constipation, *per se*, cascara sagrada and salines are our dependable drugs. Epsom salts, coupled with good hygiene and sensible living, have cured many obstinate cases of headache, rheumatism, stomach troubles, etc.

The Kidneys.—The main function of the kidneys is to filter off waste products, chief among these being urea and uric acid. The inadequate function of the skin and bowels causes the kidneys to perform an additional, vicarious work in attempting to rid the body of impurities. Alcohol heads the list of causes of diseased kidneys. The other emunctories can not get rid of alcoholic poison and the kidneys are compelled to make the attempt. Of agents which cause an increase in the flow of urine we may class thus:

1. Those increasing blood pressure by contracting vessels in other parts of the body, *e. g.*, digitalis, strychnine.

2. Those dilating renal arteries, *e. g.*, alcohol.

3. Those stimulating the secreting cells of the kidneys, *e. g.*, acetate and citrate of potash.

4. By simply washing out the kidneys, *e. g.*, water, drank freely.

Thus we would conclude that in the administration of diuretics the remedy should depend upon the functional or pathologic abnormality. The quantity of solids excreted daily is usually the best criterion on which to base remedial agents.

The Lungs.—Here is the station where CO₂ is put off and the life-giving oxygen taken on. The act of respiring is controlled by a center in the medulla. Of drugs which affect this center strychnine and opium are at the top of the list. To speak practically, the lungs are perhaps the most misused, if not abused, of any organ in the body. Thousands of people live the greater part of their lives in an unhealthy, vitiated atmosphere. Thousands of women and a good many men in breathing employ only the top lobes of their lungs. The gospel of deep breathing has done more for consumptive humanity than all the drugs and methods of treatment in Christendom.

[Written for the MEDICAL BRIEF.]

Treatment of Diphtheria.

BY W. T. JOHNSON, M. D.,
Pawnee City, Neb.

As Northrup states "diphtheria is an acute infectious disease characterized by the production of false membrane on a mucous or abraded skin surface, and due to the presence and proliferation of the Klebs-Löffler bacillus and the toxins elaborated in its growth." It being primarily a local infection, the most frequent method of propagation is by inspiration of the air or infected by discharges from nose and throat of diphtheritic patients, as well as by direct infection by kissing, sneezing and using infected drinking utensils.

In discussing treatment, will consider only such cases as are biologically proven

to be true diphtheria. Will state here that in every case where a diagnosis of diphtheria is made antitoxin should be used, whether it neutralizes the toxins in the blood or is curative in some other respect. We practitioners who have treated diphtheria in pre-antitoxin days, and since, know that antitoxin has robbed diphtheria of many of its terrors.

The object of local treatment is to remove the false membrane without injuring the mucous membrane, neutralize the toxins in and around the denuded mucous surface and destroy as far as possible the source of development of toxalbumins. It is advisable also to remove the catarrhal discharges from the nose and throat as well as the putrid membrane.

We have remedies that dissolve diphtheritic membrane. The most effective is lactic acid; a twenty-five per cent sol. applied on soft brush or swab will cause rapid absorption applied every two to four hours. A spray of a five per cent solution of asepain to the throat and nose or same used with syringe is useful to prevent putrefaction and the offensive odor characteristic of true diphtheria.

Since antitoxin has been generally used other remedial means have gradually fallen into disuse; this is retrogression; we have remedies which, taken internally, help to neutralize the toxins in the blood. In every case of diphtheria I give echinacea, internally, ten to sixty-drop doses every two or three hours, and if there is enlargement of cervical glands phytolacca is added, one to five drops at a dose. These remedies always do good where good can be done.

Inunctions of unguentum Credé over cervical glands three times a day is useful.

Temperature is best reduced by sponging with evaporating lotions, such as alcohol and cold water; antipyretic drugs should not be used; the bowels should be flushed with cold water where temperature is high. The specific poison causes cardiac degeneration with dilatation in some cases; there is a fall in blood pressure, with defective elimination from kidneys; renal excretion must be looked after. Because of the depressing effect of diphtheritic poison, stimulation should

begin early; whisky or brandy has answered better than strychnia, which has been overestimated both in diphtheria and pneumonia; the heart must be supported until toxemia has passed.

Feeding is of first importance for tissue and blood building. Milk diluted with such cereal decoctions as rice or barley is retained better than pure milk; it is often necessary to peptonize milk; acid foods such as orange, cherry or blackberry juice, is well retained and in some cases it is necessary to let the stomach rest and depend on rectal feeding. This can be successfully accomplished if no more than two ounces is injected at a time; peptonized milk is borne when pure milk is not. Plenty of fresh air should be permitted in the room, yet an even temperature should be kept.

Intubation can be performed by the general practitioner with success. The first requisite is a good intubation set. I use O'Dwyer's; the cheap imitations are a delusion and a snare; then a thorough knowledge of the anatomy of affected parts, a cool head and steady hand and the operation is easy, after the first case.

Will give one case in recent epidemic. Gladys P., aged eleven years, called about fourth day, gave antitoxin three thousand units at ten A. M.; made unsuccessful attempt at intubation at noon. The tube was easily inserted, but immediately coughed up with complete cast of trachea and one bronchus; gave antitoxin, three thousand units, at four P. M. Patient rested fairly well for twenty-four hours, when cyanosis was again marked and laryngeal stenosis pronounced; gave three thousand units of antitoxin, and twelve hours later intubated, when tube was again coughed up with complete cast of trachea. There was also considerable blood. The tube was reinserted and left four days, when extubated and patient made good recovery. A complete false membrane reformed in forty-eight hours, when patient had been given eleven thousand units of antitoxin.

Enclosed find one dollar for 1905. Have been taking the BRIEF for many years, and expect to be a subscriber as long as I am in practice.—W. H. McCONNELL, M. D., Brimfield, Ohio.

[Written for the MEDICAL BRIEF.]

Syphilis.

BY B. W. GREEN, M. D.,
La Aurora, Pueblo, Mexico.

In reply to your Oklahoma correspondent in January BRIEF regarding to soft sore being followed by specific symptoms, will say a person can contract both forms of infection at the same time, *i. e.*, the soft sore appearing from one to three days after intercourse, then, in about thirty days the sore will become indurated and show its syphilitic nature, the so-called mixed infection. Of course, from the soft sore alone, plus the suppurating bubo, you will often have a mild cachexia, the same as we have with any suppurating sore or wound.

I say a man can contract all four of the venereal diseases at the same "sitting," all appearing after their proper incubation; that is, the soft sore (chancroid) and venereal warts will appear before the others and both about the same time, often as early as twenty-four hours, more often from two to five days. Then the gonorrhea appears in from six to nine days, as a rule. Then the hard chancre, with the characteristic adenopathy, appears in about thirty days. It may be twenty days or it may be as late as ninety days.

[Written for the MEDICAL BRIEF.]

Forewarned.

BY WILBUR L. WRIGHT, M. D.,
Washington, D. C.

It has occurred to me many times before, but more forcibly to-day, during a consultation with a young man afflicted with tertiary syphilis, that it should be compulsory, by precept if not by law, when a patient afflicted with syphilis approaches a physician, the physician should explain in detail the awful sequences of the disease when allowed to develop through its various stages. The young man told me to-day that although he had consulted several physicians during the history of his disease, for the first time he had been told of the importance of the proper treatment of the disease in its

early stages and the great harm that he has done to his wife and children through his ignorance of the laws of contagion and heredity.

I have made it a point during the years of my practice, whenever the opportunity presents itself, to impress upon the minds of those persons ignorant of this disease, the mode of contraction, the necessity of proper care and treatment, and its fearful sequences when neglected. The great crusade now going for the prevention of tuberculosis and the establishment of municipal hospitals for treatment of this disease, should be augmented by proper presentation of syphilis, which is the origin of many cases of tuberculosis, as well as locomotor ataxia, and other fatal diseases.

Observation will convince anyone of the fact that those patients afflicted with tuberculosis with a history of syphilis, either inherited or acquired, are beyond human help. The termination of such cases is invariably rapid and fatal. If every boy during the eighth grade of our public schools or, say, about sixteen to seventeen years of age, could have given him a serious talk, with the aid of anatomical specimens, or of such a work as the plates from Fox's Atlas of Skin Diseases, the object lesson would be so impressive that a great preliminary step would have been made toward the prevention of tuberculosis and syphilis.

737 Thirteenth Street, N. W.

[Written for the MEDICAL BRIEF.]

Chronic Constipation—Its Treatment.

BY EDWIN A. WEIMER, M. D.,
Pekin, Ill.

Probably no condition with which we have to contend at the present time is so productive of harm, and whose effects are so far-reaching, as chronic constipation.

It is found in all walks of life, and is usually due to neglect and the indiscriminate use of cathartics which, unintelligently administered or taken, create a parietic condition of the bowel and prepare it for a still worse constipation; a condition which is both distressing and deplorable. In order to overcome this condition I would suggest the following

line of treatment which has proven itself of great benefit in my hands.

I first impress upon my patient the necessity of being regular in his habits, as sleep, eating with the usual dietary restrictions, getting plenty of fresh air and proper exercise, and above all things to set a regular hour for defecation and strictly observe it. In order to aid the bowels I place him upon the following capsule:

R Aloin..... 3 grains.
 Resina Podophylli..... 3 grains.
 Ex. Belladonna..... 4 grains.
 Ex. Nucis Vomica..... 6 grains.
 Ex. Hyoscyami..... 12 grains.
 Ex. Rhamni Purshianin..... 1 drachm.
 M. ft. div. No. 12. Sig.: One each night at bedtime as needed to keep bowels open as directed.

I instruct him to take one capsule each night for the first two nights, after which to wait and see if the bowels move without help, and on the day they do not move to take a capsule, and so on.

In order to increase the activity of the liver, I also put them on a teaspoonful of sodium phosphate, dissolved in warm water, each morning, and have them continue it indefinitely.

As these patients, as a rule, do not drink enough water, I insist upon their taking a glass of water every two hours during the day and as much as possible at bedtime without causing distress.

The result of this treatment carefully carried out is that the majority of these patients, after three or four months, rarely need a cathartic.

[Written for the MEDICAL BRIEF.]

Diet.

BY W. L. KREIDER, M. D.,
 Prairie City, Ill.

A physician in Hartford, Conn., had a patient who was very sick with dysentery, and after the patient was a little better he wanted some watermelon. The doctor strictly forbid him having it and said it would kill him if he ate it. That night the patient said to his nurse, "Give me some watermelon," and he had what he wanted. Next morning when the doctor came in he looked at his patient and said: "Sir, you are decidedly better." "Yes, sir, but not much credit to you, doctor. I had all the melon I wanted and have

been better ever since." From that on, the doctor recommended watermelon in such cases. Perchance the next case he had the melon might do much harm unless the patient wanted it.

In the Franco-Prussian war a German had cholera and he wanted saur kraut. His doctor told him no. However, he got the kraut and soon got better. The doctor marked in his book, "kraut good in cholera." Next day an Irishman had cholera. They wanted him to eat kraut; he said he did not want it, but ate it and died next day.

A little girl, fourteen years old, had typhoid fever. She was attended by a homeopathic physician over two weeks, when I was called to see her. The second day I visited her she was crying. I inquired of her sister what she was crying for. She said she wanted tomato pickle. "Well," I said, "let her have some." "Why, doctor, it would kill her." "Well," I said, "it will not; give her a small quantity first." She got the tomato pickle and the next day when I saw her she was much better and wanted several other things, and soon made a fine recovery.

All this demonstrates to my mind that it is always best to give your patients whatever they ask for, but carefully guarding the quantity. The system makes a demand for what it wants, and I am sure it is much safer to be governed by this demand than the physician's, especially those who are always insisting on milk diet, which the patient very seldom likes. I have practiced medicine for forty-eight years and have never been disappointed in diet when governed by the demands of the patient, carefully guarded as to the amount of diet.

Mr. Heron-Allen's Contribution to Medicine.

The sum of one thousand pounds has been presented by Mr. Edward Heron-Allen to the Westminster Hospital, London, to endow a bed in one of Dr. Murrell's wards "in recognition of his valuable contributions to pharmacology and his researches on the action of remedial agents in the treatment of disease."

[Written for the MEDICAL BRIEF.]

La Grippe.

BY W. L. LEISTER, M. D.,

Associate Editor American Medical Journal,
Rogers, Ark.

We do not hear so much of late of this erstwhile fashionable distemper, albeit the dyscrasia or a fac-simile, makes frequent periodic visitations upon the country. The disease attacks old and young, the seemingly strong as well as the apparently weak. Like death, it is no respecter of persons. The malady is so well known to the profession that little space need be used or time be devoted to a description of it. It has been claimed, and the writer's observation coincides, that there are three forms of la grippe, viz., the catarrhal, the glandular and the nervous. Some cases display features of all three.

The catarrhal manifests a penchant for mucous membranes, the glandular some or all of the secretory organs, while the nervous form more pronouncedly involves the nervous system. *Hebetudo animi* usually is an early precursor, with rhinocatarrhus a close second, admitting these deductions to relate to the catarrhal form of la grippe.

Cynanche tonsillaris is a concomitant in adolescence. Pneumorrhœa is an ever-present result of atony of bronchial mucous membrane, and the latter abnormal phase the sequel of partial paralysis of vaso-motors.

Tussis, laryngeal or bronchial, of broncho-laryngeal, wet or dry, according as atony or irritation predominate. Both phases in varying shades of prominence may present in the course of the disease. Thus hyperemia would favor the latter variety of cough, while the absence of pain indicative of atony would have free gleet, as pointed out above.

The glandular form usually has at least partial arrestment of digestion, absorption, nutrition, together with secretion and excretion. Plethora of liver, stitching pain in that region; irritation of the urinary organs. Those of glandular or podagrical diathesis suffer of stomach and bowel congestions, vomitings, constipation of lower bowel. A subject of hemorrhoids, bladder trouble, uterine or other pelvic organ will experience greater suf-

fering than usual while grip is upon him or her, and many cases, in consequence of the additional ailment, soon assume dangerous proportions and lead rapidly to fatal termination.

The same is true of pectoral and cardiac affections pre-existing. Derangement of the function of the liver and consequent hindrance to complete and perfect portal circulation will aggravate a mass of old pile tumors. This induces irritation of "the lower gate keeper," the next to hermetic sealer of the alimentary way—the sphincter ani, if you please—and true to all hollow organs when irritated affero-efferently, it contracts upon terminals of the sympathetic and the impulse set a-going, true to physiological law, starts brainward, but does not fail to report at way-stations; thus the throbbing azygose muscle is "touched," along with some others, in a way to result soon in exhaustion.

As was said in the outset, la grippe may attack the brain and nerves exclusive, or seemingly so, of any other organism. Why the disease should search out, as it were, one organ or a set of organs, instead of another, hardly need be argued, the parallax being more tenable, i. e., a morboseness inherent in an organ, or in several, stands for cause of greater susceptibility. Thus it is obvious why the distemper under review does actually aggravate all previously present phases of disease. For these reasons la grippe has increased the death-rate of pneumonia, congestions, etc. It has brought to sudden fatal termination many cachexiæ.

Disordered sensation, volition or mental manifestation without evident lesion in the structure of the parts, and without any material agent producing them, so far as can be named, would come under the classification of nervous la grippe. With organs functioning normally, in so far as casual observation of subject or physician might judge, yet a sensation so like that of death overspreading one; as sudden in onslaught as the avalanche overwhelms the unsuspecting village in the valley. Pain in head, usually over one eye, but extending back to occiput, and thence down spinal cord, and out spinal nerves. Muscles of tops of shoulders, back and loins intensely sore. Blindness

or partial blindness of one eye. Tinnitus aurium when no quinine or other antiperiodic or antipyretic had been taken. Most excruciating bursting pains in arms and legs. No cough, no coryza, no stomach trouble observable; but frequent and sudden onslaughts of sensations as if the next moment would bring the end of earthly existence. Such an one has nervous la grippe, and woe be unto him if there be a strain of insanity in his stock. And again, woe be unto one who had nursed for a long time "a bad heart." A vicious impulse generated from behind the eminentiæ olivariæ and the corpora restiformia while that region of basilar brain be in typhoonic eruption from the dread dyscrasia, would slip out of cranium by the foramen lacerum posterius on the body of par vagum and having gathered auxilliary energy from sympathetic neural cords, would want one pass only at a poor, old, long-suffering heart to "stop-watch" it forever.

From the foregoing we conclude that it behooves practitioners of medicine to study thoroughly, analytically, every case of la grippe called to. A nosological pronunciamento is not nearly sufficient in this, as it is not in any other disease. To be able to name a disease and then treat it only by formulæ or by ritual would not meet the requirements of progressive medicine. Know your case, whether it be one form or another or any dove-tailing of forms. More especially, look well to those organs in a state of previous debility, thus hedging on the latter intruder at every vital station.

As for the etiology of the disease under review it matters little. Whether microscopic animalculæ swoop down upon helpless humanity; whether planetary position—aphelion—might be considered reasonable, or whether as a result of retained debris auto-infection ensue, the doctor is alike powerless in this, as in other zymotic incursions, to interdict. His business is to conserve sanitary and hygienic conditions and preserve the vital energy of his patient by the exhibition of such medicinal agents and adjuncts as experience has established as positively beneficial.

In a future article we shall give treatment of la grippe.

[Written for the MEDICAL BRIEF.]

Cystic Tumor Complicating Labor.

BY F. R. TOLSON, M. D.,
Lafayette, La.

In October, 1903, I was requested to attend Mrs. O. G., thirty-five years old, in fourth pregnancy. The regular family physician who was engaged to attend this case was unavoidably absent. I found patient in the second stage of labor, vortex presentation, the membrane having ruptured several hours before my arrival, and from a careful examination I found that labor was complicated with a tumor, the nature of which I was unable to determine then. After several hours of very hard and expulsive pains and no progress, I requested the husband to procure assistance. Dr. J. F. Mouton soon arrived and found the same complication as I had found, and suggested that we defer mechanical interference for a few hours in hopes that we could better make out the complications.

After two hours we instituted another careful examination and found no progress. We desired to apply forceps, although the head was above the superior straight. I gave the chloroform and Dr. Mouton applied the forceps. After one-half hour's hard work and gradual traction was made with each expulsive pain, with no result, Dr. Mouton requested me to make traction, as I possessed more physical strength than he did. The patient was held by two assistants and I made forcible traction with each pain and slowly the head began to descend, pushing the tumor in front of it, which proved to be a cystic tumor, which was attached to the left side of the uterus. The cyst was punctured, ligated as high up as we could and cut off, the forceps having been removed and the patient allowed to deliver herself of a large twelve-pound boy. Both mother and child did well, neither having any elevation of temperature. The mother had several slight uterine hemorrhages, otherwise her recovery was uneventful. The boy died several months afterwards of bronchial pneumonia.

"Every knock is a boost." The BRIEF is prosperous.

Book Notices.

ELECTRO-DIAGNOSIS AND ELECTRO-THERAPEUTICS. By Dr. Toby Cohn, Nerve Specialist, of Berlin. Translated from the Second German Edition and Edited by Francis A. Scratchley, M. D., of New York. With Eight Plates and Thirty-nine Illustrations. Cloth, Two Hundred and Eighty Pages. New York and London: Funk & Wagnalls Co. Price, \$2.00.

This is an authorized translation, with reproductions of the original plates, of the most popular German manual upon the kindred subjects of the diagnosis of disease and its cure by the use of electricity. Its author, Dr. Toby Cohn, of Berlin, is a practical instructor in these branches, and wrote the work to satisfy an imperative need in his classes. Dr. Mendel, of the University of Berlin, the well-known authority upon electro-diagnosis, pays the highest possible tribute to Dr. Cohn by noting the "interest and enthusiasm" of his students, and the "excellent and practical results" of his instruction. This work gives concisely all that is important in electro-diagnosis, and in electro-therapeutics all that is of positive value. It places electricity exactly where it belongs in a physician's armamentarium, as a curative agent. It will commend itself because of its excellent plates, its precise and very thorough explanation of the method of investigation and how to make an electrical diagnosis, and the careful instruction it gives for the proper use of electricity as a therapeutic agent. It presents so many good features in such an admirable manner that it should readily fill in this country the same place it has filled in Germany.

VON BERGMANN'S SURGERY. A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin, P. von Bruns, of Tübingen, and J. von Mikulicz, of Breslau. Edited by William T. Bull, M. D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be Complete in Five Imperial Octavo Volumes, Containing over Four Thousand Pages, Sixteen Hundred Engravings and One Hundred and Ten Full-Page Plates in Colors and Monochrome. Philadelphia: Lea Bros. & Co. Sold by Subscription only. Per Volume, Cloth, \$6.00; Leather,

\$7.00; Half Morocco, \$8.50. Volume III just ready. Nine Hundred and Eighteen Pages, Five Hundred and Ninety-five Engravings, Twenty-one Plates.

The American edition of von Bergmann, von Bruns and von Mikulicz's great surgery proceeds regularly and rapidly to completion. The first volume dealt with the head, the second with the neck, thorax and spinal column, and the third, just fresh from the press, considers the surgery of the extremities. The arrangement of the subjects in the successive volumes is evidently planned for the purpose of facilitating consultation.

It is significant of the development of surgical knowledge and skill throughout America that the highest literary product of European surgery should be so warmly welcomed here. Even at this early date the demand for the work exceeds expectations. As each country has its special conditions and preferences as to operations, the translators, themselves skilled surgeons, under the general editorship of Professor William T. Bull, of New York, have added whatever is necessary to make the work representative of American practice, so that readers may feel assured of possessing the latest and fullest surgical knowledge of the two continents. Modern progress is so rapid, and withal so solidly founded, that it behooves every surgeon, and likewise physicians who have even occasional surgery to perform, to add this library of surgical information to their shelves.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Embracing the Entire Range of Scientific and Practical Medicine and the Allied Sciences. By Various Writers. A New Edition, Completely Revised and Rewritten. Edited by Albert H. Buck, M. D., New York City. Published in Eight Imperial Octavo Volumes. Illustrated by Chromo-lithographs and over Five Thousand Engravings. Vol. VIII just Published. Eight Hundred Pages and Index. New York: William Wood & Co. Price, Muslin, \$7.00; Leather, \$8.00; Morocco, \$9.00. Sold by Subscription.

This eminently popular work, that can be found in the libraries of all up-to-date physicians, consists of a collection of concisely written essays on all the important topics belonging to the broad domain of medicine, surgery and the

allied sciences. When you consider the fact that these eight volumes have sufficient matter to fill at least fifty ordinary volumes and the number and quality of the illustrations, you will readily see that it makes a large and complete library in itself. We would like to interest you in this book, as it is worthy.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, With the Collaboration of Drs. Osler, Musser, Stewart, Murphy, McPhedran, Rotch, Clark, Walsh, Ballantyne, Harold, Landoldt, and Kretz. With Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipzig, Brussels and Carlsbad. Vol. II., Fourteenth Series, 1904, Philadelphia: J. B. Lippincott Co. Price, Cloth, \$2.00 per Volume; \$3.00 per year; Half Leather, \$2.25 per Volume; \$9.00 per year.

All the articles in the International Clinics are abreast with the times in their clinical value to student and practitioner, and being original can only be found on the pages of this work, which is thoroughly illustrated true to the object and in the best methods of the art—cuts that teach as well as illustrate. It is well within the reach of all practitioners, but it is only cheap in price. Once you have taken it you will be loth to give it up.

A GUIDE TO THE CLINICAL EXAMINATION OF THE BLOOD. For Diagnostic Purposes. By Richard C. Cabot, M. D. Fifth Revised Edition. Illustrated by Numerous Figures in the Text by Eight Chromo-lithographic and Nine Other Plates. Seventeen Full Plates in all. New York: William Wood & Co. Price, \$3.50.

It is certainly very creditable to the author and the publishers to place on the table of the progressive physician a fifth edition of a work, thus showing the demand along this line of pathology. The Romanowsky method of staining has given an additional zest to the methods of staining of the blood. The main features taken up by the author is physiology,

general pathology and special pathology of the blood. Blood examination, as described in this work, leads one to think that not enough significance is given to the diagnostic and prognostic value to be derived from such methods. It would be well for all physicians to thoroughly post themselves on this subject.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M. D., Ph. D., LL. D., Professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Sixth Edition, Thoroughly Revised. Handsome Octavo Volume of Thirteen Hundred Pages, Fully Illustrated. Philadelphia, New York, London: W. B. Saunders & Co. Cloth, \$5.50; Sheep or Half Morocco, \$6.50.

This is the sixth edition of this unexcelled work in as many years. Such a sale can not but be a gratification alike to the author and to the publishers. In this edition the general plan and principles of classification adopted in the previous editions have been preserved. The many tabular presentations of points in differential diagnosis have been retained. Differential diagnosis is a most important branch of diagnostics, except this tabular method we know of no superior way of familiarizing the practitioner and the student with the outstanding features of simulating diseases.

AMERICAN TEXT-BOOK OF SURGERY. For Practitioners and Students. Edited by William W. Keen, M. D., LL. D., F. R. C. S. (Hon.), Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia; and J. William White, M. D., John Rhea Barton, Professor of Surgery, University of Pennsylvania, Philadelphia. Fourth Edition, Thoroughly Revised and Greatly Enlarged. Handsome Octavo of Thirteen Hundred and Sixty-three Pages, with Five Hundred and Fifty-one Text Illustrations and Thirty-nine Full-Page Plates, Many in colors. Philadelphia, New York, London: W. B. Saunders & Co. Cloth, \$7.00; Sheep or Half Morocco, \$8.00.

Of the three former editions of this work nearly forty thousand copies have been disposed of. Its sale, indeed, has been the wonder of the medical publishing world. In this present edition every chapter has been extensively modified, and many of them have been partially, and some entirely, rewritten.

A TEXT-BOOK OF OBSTETRICS. By J. Clarence Webster, M. D. (Edin.), F. R. C. P. E., F. R. S. E., Professor of Obstetrics and Gynecology, Rush Medical College, in Affiliation with the University of Chicago; Obstetrician and Gynecologist to the Presbyterian Hospital, Chicago; Obstetrician to the Chicago Lying-in Hospital and Dispensary, Chicago, etc., etc. Handsome Octavo Volume of Seven Hundred and Sixty-seven Pages, with Three Hundred and Eighty-three Illustrations, Twenty-three in Colors. Philadelphia, New York, London: W. B. Saunders & Co. Cloth, \$5.00; Sheep or Half Morocco, \$6.00.

This work has been written for the student of obstetrics, as well as for the active practitioner. The anatomic changes accompanying pregnancy, labor, and the puerperium are described more fully and lucidly than in any other text-book we have seen. The exposition of these sections is based mainly upon studies of frozen specimens, in which department the author has had a larger experience than any other worker. Unusual consideration is given to embryologic and physiologic data of importance in their relation to obstetrics.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Embracing the Entire Range of Scientific and Practical Medicine, and the Allied Sciences. By Various Writers. A New Edition, Completely Revised and Rewritten. Edited by Albert H. Buck, M. D., New York City. To be Published in Eight Imperial Octavo Volumes. Illustrated by Chromolithographs, and over Five Thousand Engravings. Vol. VII, Illustrated by Chromolithographs and Six Hundred and Eighty-eight Half-tones and Wood Engravings. New York: William Wood & Co., Publishers. Sold by Subscription. Price, per Volume, Extra English Muslin, \$7.00; Brown Leather, Raised Bands, \$8.00; Extra Turkey Morocco, English Cloth Sides, \$9.00.

This superb work covers so wide a field, and embraces such a great variety of topics, as to make it of the greatest practical utility, not only to general practitioners, but also to those who are interested more particularly in special departments of medical knowledge. This is by far the leading work on the broad domain of medicine, surgery and the allied sciences.

A PRACTICAL TREATISE ON NERVOUS DISEASES. For the Medical Student and General Practitioner. By F. Savary Pearce, M. D., Professor of Nervous and

Mental Diseases in the Medico-Chirurgical College of Philadelphia; Fellow of the College of Physicians of Philadelphia; Neurologist to the Philadelphia and Howard Hospitals, etc., etc. Colored Frontispiece and Ninety-one Illustrations in the Text, Many in Colors. New York and London: D. Appleton & Co., Publishers. Price, \$3.00.

This is a common but an intricate subject, and the author has given prominence to the practical facts in the study of nervous disorders. The chapter on anatomy and physiology has been blended so that its study will show a pretty clear study of the anatomy and functions of the various parts of the nervous system. All in all, the work is worthy of special reading by both the student and practitioner.

ADOLESCENCE, Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education. By G. Stanley Hall, Ph. D., LL. D., President of Clark University, and Professor of Psychology and Pedagogy. New York: D. Appleton & Co., Publishers. Price, \$8.00.

We wish to state that this work is based on the author's book on psychology. As we grow old such thoughts crowd upon us and we eagerly grasp the volumes devoted to the things that interest us most, but why not begin in early manhood to study the possibilities of age and its physiological sequences. It is far better to begin at the early stage of life and frame your existence for the adolescent period, so that your friends will say how young he looks and how well preserved in his old age. This is a work that has a mint of suggestive ideas and should be in the hands of all who can profit by suggestions that are made for the good of humanity.

A TEXT-BOOK OF DISEASES OF WOMEN. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania; Gynecologist to the Howard, the Orthopedic, and the Philadelphia Hospitals. Handsome Octavo Volume of Six Hundred and Seventy-five Pages, Sumptuously Illustrated with Some Six Hundred and Fifty Mostly Original Illustrations, Many in Colors. Philadelphia, New York, London: W. B. Saunders & Co. Cloth, \$5.00; Sheep or Half Morocco, \$6.00.

This latest work of Dr. Hirst's is on the same lines as his "Text-Book of Obstetrics." As would be expected from a

practical teacher, diagnosis and treatment have been given particular attention. The palliative treatment, as well as the radically operative, is fully described, enabling the general practitioner to treat many of his own patients without referring them to a specialist.

A TEXT-BOOK OF OPERATIVE SURGERY. Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Written for Students and Practitioners. By Warren Stone Bickham, Phar. M., M. D., Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, New York; Late Visiting Surgeon to Charity Hospital, New Orleans, etc. Handsome Octavo of Nine Hundred and Eighty-four Pages, with Five Hundred and Fifty-nine Illustrations, Entirely Original. Philadelphia, New York, London: W. B. Saunders & Co., Cloth, \$6.00; Sheep or Half Morocco, \$7.00.

This work completely covers the surgical anatomy and operative technic involved in the operations of general surgery. It is constructed on thoroughly new lines, the discussion of the subject being remarkably systematized and arranged in a manner entirely original. A feature of the work to which we would call especial attention, and for which alone it is well worth the price, is the wealth of magnificent illustrations.

A NON-SURGICAL TREATISE ON DISEASES OF THE PROSTATE GLAND AND ADNEXA. By George Whitfield Overall, A. B., M. D., formerly Professor of Physiology in the Memphis Hospital Medical College. Chicago: Rowe Pub. Co. For sale by the Author. Price, \$1.00.

Surgery has played such an important part in treatment of the prostate gland that it has become *fashionable* to cut, yet has it been the most successful method? Judging from the practical and concise manner as stated in this work, the non-surgical treatment seems to be the most rational way. Read and reflect.

MEDICAL DIAGNOSIS. Special Diagnosis of Internal Medicine. A Handbook for Physicians and Students. By Dr. Wilhelm V. Leube, Professor of Medicine, and Physician-in-Chief to the Julius Hospital at Würzburg. Authorized Translation from the Sixth German Edition. Edited, with Annotations, by Julius L. Salinger, M. D., Late Assistant Professor of Clinical Medicine in the Jefferson Medical College, and Physician to the Philadelphia Hospital.

With Five Colored Plates and Seventy-four Illustrations in the Text. New York and London: D. Appleton & Co. Price, \$5.00.

This is a practical work which describes disease and the various differential points in such a lucid manner that it has been recognized as a storehouse of bedside knowledge, and in twelve years six editions have been printed, and the request for copies increases constantly. The author has had great success, as shown in his work, in the diagnosis of internal diseases, never attempting the impossible. The accuracy of diagnosis is nine-tenths of the battle, and rational treatment thus becomes a science.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, with the Collaboration of Wm. Osler, M. D., Baltimore, John H. Musser, M. D., Philadelphia, Jas. Stewart, M. D., Montreal, John B. Murphy, M. D., Chicago, A. McPhedran, M. D., Toronto, John G. Clark, M. D., Philadelphia, J. W. Ballantyne, M. D., Edinburgh, Edmund Landolt, M. D., Paris, Thomas M. Rotch, M. D., Boston, James J. Walsh, M. D., New York, John Harold, M. D., London, Richard Kretz, M. D., Vienna; with Regular Correspondence in Montreal, London, Paris, Berlin, Vienna, Leipzig, Brussels and Carlsbad. Vol. IV, Thirteen Series, 1904. Philadelphia: J. B. Lippincott Co., Publishers. Cloth, \$2.00.

This quarterly has become so firmly established and so favorably known to the profession that a mere mention of its issue should be sufficient for all purposes.

ASEPTIC AND ANTISEPTIC PREPARATIONS AND TREATMENT OF EMERGENCIES AFTER ABDOMINAL SURGICAL OPERATIONS. By George Wackerhagen, M. D., Ex-President Brooklyn Surgical Society, etc. New York: E. R. Pelton, Publisher. Price, \$1.00.

This work is intended as a practical and condensed system in preparing for abdominal operations and in the treatment of emergencies as they may arise. We are of the opinion that such a work is really a necessity.

INDEX, APRIL, 1905.

	PAGE.
Adenoid Vegetations.....	303
Application, Local.....	338
Be Practical and Self-Reliant	279
Chicken-Pox	348
Chloriasis, Asthma, Emphysema of the Lungs, The Therapeutic Effect of Carbonic Acid Gas in Consumption, For the Prevention of.....	283 341
Diagnosis, Blood, Predetermination, Revelation and Treatment of Disease by.....	326
Editorial	273
Egg, The Yolk of and the White of, Cures.....	276
Examinations, Medico-Legal	304
Examinations of State Board of Medical Examiners—New York.....	342
Fever, Typhoid.....	351
Heart Lesions From a Purely Clinical Standpoint	317
Hemorrhoids, Internal...	312
How Long?.....	277
How to Have Universal Peace	280

	PAGE.
In Old Roseau—An Idyl of the Caribbean.....	337
Independence and Liberty	274
Investigate	279
Jolners	275
Labor, A Peculiar Case of	352
Locomotor Ataxia.....	345
Lung Development—The Lungs Both Give and Take	300 278
Machine Medicine.....	278
Marriage and Divorce....	308
Medical Life in London..	293
Medicines, Liquid, The Superiority of.....	306
Menopause, The.....	318
Names, Instead of Principles	273
Nux Vomica Versus Strychnine	323
Operation, Clamp and Cautery, The Pain Following the.....	296 346
Pleurisy Following Mumps	346
Pneumonia, Report of a Case of.....	325
Pregnancy, Uremia of, Report of Two Cases of..	303
Preventive Medicine....	333
Prostatic Hypertrophy—Its Relief by Perineal Operation	298 298

	PAGE.
Prostatodynia	304
Rectal Examination in Children	325 282
Reminiscent Chats.....	282
Rheumatic Diathesis, Basic Facts Anent the Rheumatism, Diseases Which May Be Mistaken for	331 287
Serum	281
Sex—Dr. Lussler Answered	336
Surgery, Abdominal and Pelvic—Some Factors That Prevent Success in	315 327
Surgery, Modern, A Brief History of.....	327
Surgery, Modern, Retrospective View and Discussion of, Compared With the Administration and Application of Scientific Medicines....	339 281
The Diagnostician.....	281
The Issue.....	332
The Wise Guy.....	279
Truth Versus Authority..	275
Vomiting, Carbolic Acid in	347
Warts, Thuja as a Remedy for.....	292

Battle & Co., Chemists,
ST. LOUIS.

The bottle of Ecthol was used in a case of ulcer of hip, and which for two years had resisted every known treatment by a number of us. The result was a complete cure.

T. W. Folger, M. D.
Central, S. C.



Chas. B. Kelsey

M. D., Formerly Professor of Rectal and Abdominal Surgery at the University of Vermont and the New York Post-Graduate Medical School and Hospital, New York City.



Francis D. Lewis, M.D.,

President of the Mississippi Valley Medical Association; Professor of Genito-Urinary Surgery, Marion-Sims-Beaumont Medical College; Genito-Urinary Surgeon to Deaconess' Hospital; Consultant in Genito-Urinary Surgery to the Female Hospital, City Hospital, Rebekah Hospital, etc.; Member of the American Medical Association; Member of American Association of Genito-Urinary Surgeons, American Urological Association, Etc. St. Louis, Mo.

THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
OF ANY MEDICAL JOURNAL IN THE WORLD

J. J. LAWRENCE, A. M., M. D.,
Editor and Proprietor

Terms, \$1.00 a Year, in Advance
SINGLE COPIES, 10 CENTS

Foreign Subscriptions (Postal Union), 7s. 6d.

NINTH AND OLIVE STREETS
ST. LOUIS

ASTOR COURT BUILDING
NEW YORK

Foreign Office: Auckland House, Basinghall Ave.,
London, E. C., Eng.

VOL. XXXIII.

ST. LOUIS, MO., APRIL, 1905.

No. 4.

Editorial.

Names Instead of Principles.

One sometimes wonders why it is that political parties, schools of medicine and religious sects do not at all represent the ideas which they once did. The real reason is that men follow names instead of principles.

When a man joins a particular body, political, medical or religious, he thinks he has done about all that is required of him. The management of the organization is delegated to the officials in charge; few members ever stop to inquire whether the organization is living up to the principles responsible for its existence. Probably many people if suddenly called upon to give an intelligible account of the principles embodied in the name of their particular church or political party would find themselves at a loss. They are Democrats or Republicans, Methodists or Baptists, and that is enough for them.

In other words, the constant obstructions to progress on every hand are due to

the fact that we let the other man do our thinking for us. When the other man is the official of a powerful organization, this becomes a very serious matter, for he has at his command the machine-made opinion of large numbers, against which few men have the courage to stand.

Do you know that thinking is hard work. It is so much easier to let the other fellow do it for you, but if he does, he will certainly want you to do as he says. The average man usually has some axe to grind; if he is an organization official, you may be sure of it. When an organization does the thinking for its members, it is always with the supreme benefit of a few prime movers in view. They are the insiders, and use the organization for their own purposes.

It is the same old story of the trusts—floating a combine with big bonuses, and a first chance at the stock market for the organizers, the rank and file to do as they are told, and take what they can get.

We write along these lines at the request of many doctors, who enjoy the discussion of such topics, and like to cultivate their powers of logic by the analysis

of situations and conditions. All intelligent doctors appear to be interested in the whys and wherefores of social, economic, political and religious, as well as medical problems.

The greatest compliment ever paid to doctors was when the politician said, "*He makes a poor follower,*" that no one could count on him. The reason is obvious. Diagnosis has trained the doctor's mind to look for the causes of effects, and this logical habit is easily and naturally transferred to the consideration of other subjects. It has also bred a thirst for knowledge, for truth, which few doctors can successfully resist.

The organization which seeks to have the doctor adopt certain fixed ideas, and expects to carry out cut and dried plans by means of the machine to which the doctor may belong, will get an unexpected check when the doctor finds what is expected of him. It will not be able to use him at all, and great will be the astonishment. What a compliment to the doctor.

Independence and Liberty.

Independence and liberty are the greatest boon the individual can have. It is a wonder in this age of the world that every man does not appreciate it. Labor unions and machines of all kinds are mankind's greatest bane, forever encroaching on the liberty and independence so essential to his well-being.

Any man who will read the following quotation can not help but see that Australia and New Zealand are suffering from the fact that labor unions have succeeded in getting control of the country, and are gradually bleeding it to death.

It also shows the fallacy of the idea that governmental control is of any benefit to the individual:

"*I would not invest a dollar in Australia,*" declared William Franzen, of Milwaukee, according to the *Sentinel* of that city, on his recent return from a four months' tour of Australia, Tasmania and New Zealand. "The investor who puts money into that country loses control of it at once. The Labor party has complete control of every part of the government, from the courts down, and the manufac-

turer has absolutely no show. As a result, individual conditions are demoralized, and no outside capital can be induced to go there.

"When men want an increase in wages, they do not go to their employer and ask him for it. No; the first thing the employer knows is a notice which is served upon him to appear before a certain court on a specified date. Then he must bring in all of his books, and explain just how much money he has made, how much he is paying his men, and give every detail of his business. When this is done, the court invariably decides that he should pay his men more, and orders him to do so. Of course he can appeal. A board of arbitration is provided for that purpose. But he fares even worse here. For not only will this board decide that he must pay higher wages, but it will fine him for not having paid higher wages to begin with. So completely are the courts in the control of the Labor party, that a manufacturer can secure no justice in them.

"Nor are the laboring men gaining anything by all of this. They are slowly but surely killing off the industries of Australia, and to-day they are getting less wages than they were four or five years ago before this system was in vogue. They absolutely control the output of the factories, and the law limits the amount each man shall do.

"One of the things which attracted my attention was to see a red flag hung on a pole in one of the big public parks. I went over to it, and found an agitator haranguing the 'unemployed.' It seems that a red flag is the means by which they call together these gatherings, and then the agitator tells them how they are oppressed.

"The government owns the railroads and the cities own the street car systems. But so overrun are they by ward heelers and politicians that the service is exceedingly poor, and they are conducted at a loss to the government. I asked one of their politicians about this, and he told me that they were not running the railroads to make money, but for the accommodation of the people. But as they charge considerably more than our private railroads do, this accommodation seems a little out of the way."

The above shows that the American government, as formed by our forefathers, is the best of all methods for guaranteeing the liberty and independence of the individual. We should be eternally on our guard against everything which tends to subvert its principles. No man or set of men, whatever any one may have to say about it, should be allowed a share in controlling the individual. If we do, we simply prepare the way for a return to monarchy.

The more we think about it, the more we see how wise were the founders of the Republic, and how great is the trust left in our hands. It is ours to keep faith with the men who gave their all to ensure liberty and independence to posterity. We are bound by all that men hold sacred, as well as by the most everyday considerations of common-sense, not to favor any class of men as against the individual.

Truth Versus Authority.

Since the birth of the MEDICAL BRIEF, in 1873, some thirty-three years ago, the fashions in medicine have changed with almost as much regularity as the styles in dress.

The time was when the Editor of the MEDICAL BRIEF was accused of being unscientific simply because he would not endorse tuberculin.

The MEDICAL BRIEF well remembers being laughed at in its early years because the Editor so strenuously advocated the outdoor treatment of consumption. The value of fresh air in this disease is something the Editor learned from his own experience while a Confederate soldier, and necessarily exposed to the hardships of such a life. The outdoor life greatly strengthened him, and he doubtless owes his immunity from consumption and excellent health, to the good fortune which made him a soldier at a critical period.

Nevertheless, we well remember how much fun was poked at the BRIEF for advocating the fresh air treatment of consumption, and how it was called unscientific because it would not accept tuberculin. What scientific man would use tuberculin to-day?

The constant coming and going of fads should prove to all men the necessity of

seeking for truth instead of relying on authority. By studying all sides of a question with prejudice neither for nor against anything, we arrive at the individualistic standpoint, able to form opinions of our own, not having to accept or rely upon authority.

Authority is simply one man's opinion. It may or may not be true *so far as it goes*. The great number of fads show how often it is not true. The man who sets up as an authority is exposed to the temptation, after he has taken a stand, to uphold his authority even at the cost of truth. He is often unconsciously biased and partisan in his views. He may become obstinate and arbitrary, as the Church did, in the face of progress.

Authority has always been the bane of progress. Each man should follow truth to the best of his ability, wherever his light may lead, and beware of dogmatism on any point. When he finds what he believes to be truth, let him adopt it, whatever authority may say to the contrary. It is authority in politics, religion and medicine, which so often turns the tide against truth and progress. When we reach certain points, authority steps in and turns us backward. What every man—the scientific man most of all—wants, is truth under any and all circumstances.

Joiners.

There is a class of men in every community who are ready to join any society, whether political or anything else. They do not stop to think, when joining an organization to promote this or that, where such a step will lead. The organization which promises abstract benefit really takes away the liberty of the individual, using him in the interests of a few who started the movement to organize.

Those who love power and authority, or who desire to accomplish particular ends, understand the necessity of a machine which they can manipulate or bring to bear where resistance is offered.

But what has the organization to offer the individual? Is it not the re-embodiment of the monarchical idea? The fundamental principle of our government is the guaranteed right of every man to life, liberty, and the pursuit of happiness. The

organization interferes with the practical application of the underlying principles of our government.

The labor union interferes with a man's right to work how, when, and for whom he pleases; the medical union says to the doctor that he shall not think, judge, nor act for himself; the political organization places party success before the welfare of the State, and patronizes graft.

Our government is the highest form to which humanity has attained. It was bought with blood, tears and suffering, which our easy-going age can scarcely appreciate. All that we have and are, as a people, is the direct result of the liberty, the opportunity, which it ensured to us.

The old arrogant and tyrannical ideas of government are by no means dead. They are constantly springing up in new forms, and seeking to fasten themselves on mankind through the agency of the universal and ubiquitous politician, for whatever be his calling, the politician is always the same, and pursues the same methods.

The Constitution can not ensure free government if the spirit of constitutional liberty is constantly denied by the existence of organizations which are in direct opposition to its provisions. The Constitution will become little more than a huge corpse, a monument to what was and what might have been; the organizations will have all the power; the individual exist at their pleasure.

You may think this is exaggerated. Did you ever run across a desperate man whose union ticket had been taken from him because he refused to go out on strike when there were sickness and need in his home, and who, consequently, can no longer get steady work?

Did you ever meet a doctor whose doom had been pronounced unless he changed his climate, and who, in addition to the hardship and expense of re-establishing himself in an unknown community, had to pay a fee and submit to an examination before he could earn a dollar?

Did you ever hear a shopman describe how his little business had been ruined by the ban placed on it by political organization, trust or labor union?

Liberty is the soul of things. It is the vital spark animating our institutions,

and making possible the conditions which make for progress and prosperity. Liberty is the American's birthright, and he does not give very much thought to it, but it is time he was waking up to a realization of its importance to him. The mania for organization is abroad in the land, and the unthinking join without stopping to consider anything but the claims made for the movement. Indifference, carelessness, thoughtlessness, have killed nations before, and no matter how great and flourishing our material prosperity may appear, unless it is rooted in the soil of liberty, it can not endure.

The Yolk of Egg and the White of Egg Cures.

Read the following statement of the respective values of the yolk and the white of the egg, as made by different persons, and tell us who is right. There is an old saying, "Who can decide where doctors disagree?" Who can add to the knowledge on this subject? We asked an old country practitioner, who happened to be in the office, what he thought about it. He said he guessed Nature knew what she was about when she made the whole egg—that in most cases the whole egg beaten light and given raw would fulfill the indications.

"The yolk of egg cure is a diet in which all or most of the fat and heat-making substance is furnished by this part of the egg. The yolk is said to be the least bulky, least burdensome to the digestive organs, the richest in heat units, and the most powerful conservator of the tissues. The average yolk contains seventy-five to ninety grains of fat, almost all of which is assimilated, as shown by the small percentage of free fat in the feces, considerably less than where milk is used.

"The raw yolk, beaten up, leaves the stomach in about an hour. It stimulates normal gastric secretion, and contains a diastatic ferment, which assists in the digestion of starchy foods. Yolks may be used in hyperchlorhydria, and in all conditions where there is a diminution in the flow of gastric juice.

"The yolk of egg contains lecithin, which aids in restoring nerve force, a most important factor in the relief of

neurasthenic states, based on impaired nutrition.

Any idiosyncrasy for eggs, which is occasionally met with, is attributed to the white of the egg, which is slower and more difficult of digestion, and, therefore, liable to result in the formation of hydrogen sulphide and ammonia.

"The yolk of egg is a food well borne and liked by the majority of people, something which can not be said of many fatty foods. Easily digested and assimilated, it will increase the body weight, and restore the normal resistance of the tissues after other feeding systems have been tried and rejected."

* * *

"A man who has studied the chemistry of the body will not make the mistake of using the yolk of the egg. The white contains the nitrogenous elements, albumen and globulin, which are easily digested and assimilated, while the fatty substance of which the yolk is mainly composed, develops a poisonous product known as choline during the process of digestion. When this product is absorbed, it gives rise to symptoms of biliousness. The same patient who may be made bilious by one entire egg, can take a number of raw whites daily without trouble, and steadily improve on the diet. Babies are often benefited by a diet of the whites of eggs dissolved in water, and a little sugar and milk added, or a little salt and lemon juice, as the case may be.

"The globulin of the egg is not soluble in water, and will be precipitated. It should be filtered out."

* * *

These diametrically opposed views show how necessary it is for us to read both sides of a question to find out what is right, and to keep the mind free from prejudice. No man can afford to dogmatize on any subject. Undoubtedly, both of these men are honest in the views they take. Undoubtedly, too, there are times and cases where one or the other parts of the egg best answers the purpose. The man who has no prejudice is able to judge what is right in the existing condition.

How Long?

How long will the American doctor submit to be dictated to as to what he will prescribe by the continental foreigner?

The *Virginia Medical Semi-Monthly* hits the nail on the head when it says, editorially, in the January number:

"A few years ago it was common—it was fashionable—for doctors to prescribe various proprietary articles of foreign manufacture. It was all right in those days to prescribe those things. But soon the American took hold of the idea, and began to prepare equally neat, equally palatable, equally useful products, when all at once the prescribing of such things became all wrong."

You see? It got to be wrong when the American began to compete with the continental foreigner in America, his own country.

Does the foreigner have any influence with the *Journal of the American Medical Association*? Watch it and see. You will find that American products are decried in the interests of German patent medicines. Can anyone say, in the face of this, that organizations are not used for the benefit of the few?

Listen to what the American Association of State Medical Journals proclaimed at its last meeting in Atlantic City: "If a product is marketed under a copyright name, the manufacturer shall furnish with it the proper chemical name, and if not patented, then also the process of manufacture."

Do you see the nigger in the wood-pile in this?

Why do they require the process of manufacture? If the manufacturer gives away his process, everybody can make the preparation to its great detriment, whereas the patented article has no competition. Anybody can see this who can see anything.

Does anyone believe that the American doctor can be hoodwinked by any such stuff as this? These fellows forget that this is America, not Germany. Does not everybody know that the doctor who has used these much-decried preparations, some of them fifteen or twenty years or more, and gotten satisfactory results, is going to continue to use them, without regard to what any continental

manufacturers, or their agents or hirelings, may say or do through the American Medical Association or elsewhere? It is possible to fool the ignorant man, but not the American doctor, who is an intelligent, able and educated man. He is going to do just as he pleases. The fellows who think they are going to use him can not do it. They will find they will fail every time.

Machine Medicine.

In a recent editorial the MEDICAL BRIEF spoke of the drift toward State medicine, and showed the dangers of the same. The State has no more right to interfere in medicine than in religion, yet if we do not look out we shall have State medicine, nevertheless. A bill has been introduced into Congress recently to incorporate the American Medical Association, giving it the power to make laws, rules and regulations.

Section two gives as a reason for corporate existence the intention to promote science. Section three asks for all the usual powers and rights of a business corporation.

Now, stop and think what this means. Most of us are familiar with the history of the great commercial corporations—the trusts. Their use of the great machinery under their control to oppress and wipe out individual businesses, the heavy tax laid upon consumers through the possession of monopolistic power, does not make the thought of a great medical trust particularly alluring, does it?

Suppose the Methodists, Baptists, or other sect, should incorporate to promote religion. That would mean Methodism or the doctrine of the Baptists, would it not? And what would be likely to happen when the doctor or the people disagreed with the "promoters" as to what constituted science?

The power which the Church once exercised would be as nothing beside that which such an organization would wield over the medical profession and the people. Every act of the doctor would be subject to the approval of the trust. He would be a minor subordinate working under orders, allowed no discretion, likely to be called up and disciplined for

expressing a dissenting opinion or adopting an independent course of action.

It is best to have a clear understanding of what the situation will be before we become so tied up that we are helpless. Do you not think we have about enough medical law now? If, for family or other reasons, you want to move from one State to another, you, who have been practicing medicine successfully for years, have to submit to an examination, and pay a fee before you can earn a dollar just like the tyro fresh from college.

We are not opposed to the American Medical Association, *per se*, nor to any body of men who voluntarily associate themselves for purely scientific or social purposes, but all history and all knowledge of human nature show the danger of placing great power in the hands of any set of men. Men are men, not angels, and the possession of great power dehumanizes. There are not a hundred men in the world, however great and good, that it would be right or safe for the doctor to place his liberty and welfare in their hands.

The history of machinism, whether in politics, religion or medicine, is and always will be one of tyranny and mediocrity. Inefficiency and abuse of power are inseparable from a system which develops bosses at the top and puppets at the bottom.

Do we want a few Czars controlling a powerful machine in which we are only the pegs? Is it not astounding that any set of men should have the temerity to ask to be made the masters of the medical profession?

Do not entertain any illusions on this point. The history of organization in medicine will be the history of organization elsewhere. The stoppage of progress, the encouraging of authority, the emasculation of the doctor, the inevitable dissatisfaction and unhappiness in the cramping of development, to say nothing of the practical restrictions and handicaps placed on the physician, are results certain to follow as they have always followed the rule of the machine.

Do you like to be dictated to? Do you enjoy acting or thinking according to someone else's ideas instead of your own? Do you want to be told what you must

prescribe, what you should read, how you should think on various questions? Medical organization is much like a Punch and Judy show, and if you do not like being a puppet you are better off outside of one.

Did you ever stop to think how the working of this autocratic spirit in medicine has shorn the doctor of his rights? We are accumulating vast stores of mental rubbish, and elaborating a drawn-out system of imparting the same. Then we tie each other up with legal red-tape, and try to make an organization to do the thinking for the profession.

Thinking and study is the only way to get an education, and it requires the atmosphere of liberty. The facts which serve as a basis for thought a man will get somehow. Doctors will go on investigating and drawing conclusions until the end of time because Nature is stronger than machines, but if they will use a little common-sense and foresight they will save themselves and the people a great deal of harmful experience by setting themselves determinedly against the evils of machine medicine.

Investigate.

The more you investigate the merits of the MEDICAL BRIEF the better satisfied you will become, that you can not afford to do without it.

The Wise Guy.

It seems to be in the nature of things that we should come in contact with the wise guy once in a while. He is the fellow who tells the doctor what medicines he should or should not use on pain of being unethical. He is the fellow who wants to compel the doctor to do what he says, or what the organization says, for usually he is the figurehead of an organization with some axe to grind.

The wise guy calls himself a chemist, and selects some remedy of real value, regardless of the fact that it has long been used by the medical profession, which he "analyzes" for the purpose of damning it because he wants to recommend something enshrouded in hieroglyphics of chemical nomenclature, so cunningly de-

vised that the average physician is lost in amazement that a fellow should know so much.

The wise guys are generally financially irresponsible, but love to fight the products of American manufacturers in favor of anything not made in their own country.

Be Practical and Self-Reliant.

The average doctor is not a good business man, not because he lacks the capacity, but because he has been taught to look at things from an absurdly Quixotic standpoint. Also many men become so much absorbed in the professional side of their careers that they lose sight of the financial question. Here and there we find a doctor who is an exception to the rule, and it would be a good thing for the profession if its members would study the methods of the exceptions.

The prosperous practitioner relies on himself in all things. He early learns to think out and decide matters for himself. He realizes the value of system, and the importance of capital in a profession as well as a business. The doctor who does not succeed financially does not stand as good a chance professionally, simply because he has not the means to equip himself. It takes money to keep abreast of the times, to subscribe for journals and magazines, money to buy new books and instruments, money to take a post-graduate course, and so on.

To succeed either as a business man or professionally, the doctor must learn to look at things practically, and to rely absolutely upon himself. The movement to organize the profession will not benefit the individual doctor in the least. The organizer makes no attempt to educate or to reason with those among whom he works. That would not suit his purposes. He relies on ridicule or attempts to inflame their prejudices. The organizer is not paid to enlighten the profession. His business is to get them into such a frame of mind that a few men at the head of the movement can use them for their own ends.

The organizer, like most politicians, has no capital but words. Of these he makes free and picturesque use, and the doctor,

since his student days, is used to being "talked down" to. He is told what he ought to do, the sacrifices he should be willing to make, that it is his duty to put a ban on this, that and the other, all in the name of a common profession. The so-called ethics of medicine is set up as a huge idol before which the poor doctor is asked to prostrate himself and let it crush him rather than lift his voice in dissent.

Now, then, what are you going to do about this? Are you going to sit down tamely, and have all your rights taken from you to benefit the self-assertive, egotistic, narrow-minded few, or are you going to preserve your independence, build up a reputation for yourself, look out for your own interests? The man who wants to benefit you, who offers to help you, invariably has a price whether it appears in the transaction or not.

The man who becomes part of a machine sinks to a lower level every day. He lacks the stimulus which supports and urges on the self-reliant man.

Liberty means that you can look for knowledge in other schools than your own particular pathy, that you are not limited to one set of remedies, that you are not compelled to swear by a fad, that you can say what you please, and act without consulting anyone. It means that you can use what seems best to you in a professional way, and thus get the benefit of your researches. It means that the liberal policy you are following, the constant demands on the best there is in you is bound to result in growth and progress, and the joy that is born of them. The man who struggles, the man who dares, the man who holds his independence dear, is the man who climbs the heights of achievement, and knows how good a thing it is to live.

How to Have Universal Peace.

There is one method by which the world can have universal peace, and at the same time avoid the yellow peril now looming up before us in the shape of a coalition between the Japanese, Chinese and other yellow races. That is to equip the United States with the finest navy in the world. Then by joining hands with Great Britain, the great Anglo-Saxon race

will become a unit in action, and can compel the peace of the world.

This would have more effect than all the arguments, religious, moral or political, in the world. In fact, it has become an absolute necessity that the United States should possess the finest navy on earth. The greatest of nations should have the means to make itself respected. It should be represented by a navy which can command attention wherever one of our ships sails into a port.

The Oriental character is not the stuff out of which good citizens, as we understand citizenship, is made. They are good fighters through the strength of their superstitions rather than any true idea of patriotism. The Oriental soldier is inspired by the belief that to be killed in battle increases his chances of eternal happiness. It is a desperate recklessness rather than what the Anglo-Saxon recognizes as courage. The Anglo-Saxon carries common-sense into all that he does. He is cautious as well as brave. He strikes when striking is effective, and does not foolishly disregard the odds.

Progress and the best interests of humanity depend upon the ascendancy of the Anglo-Saxon race. The race should put itself into a position where this ascendancy must be recognized. Such a step will put an effectual quietus on the pretensions of the yellow races. If left to go their own way, they will be a constant menace to peace, keeping the world in a turmoil, injuring trade, discouraging enterprise, bringing progress to a standstill.

The American people should look at this from a practical standpoint. President Roosevelt is right in wanting us to have a navy commensurate with our rank and strength. When Great Britain and the United States possess the navies which they should have, they will be in a position to dictate and enforce peace. It is time the world was becoming more practical and less governed by sentimental considerations. A navy appropriate to our size and strength and an alliance with Great Britain will enable us to ensure the peaceful and prosperous development of the world's commerce and affairs.

We have received a good many letters from doctors who are interested in topics of this kind. They are universally of the

opinion that the United States ought to have the finest navy in the world—that it should lead the world in this as in other respects. The doctor usually sees things from the right standpoint.

The Diagnostician.

Diagnosis is the most important thing in the practice of medicine. All men do not have this power in an equal degree. It requires a faculty for close observation, quick perception, a logical order of mind.

Why should not the man who is looking about him for a specialty, and who possesses these qualifications in a high degree, select diagnosis? There is such a thing as a lawyer's lawyer, why not a physician's physician? To be a success as a diagnostician, however, the man who elects to make it a specialty should never allow himself to prescribe for a patient under any circumstances. To do so would be to forfeit the confidence of the practitioner, to create uneasiness and friction, and thus hamper his usefulness.

There is a real field, especially in cities, for a man who shall give all his time and powers to the subject of diagnosis, one who possesses the necessary qualifications for the part. There is no better opening for a man of ability to-day. Many doctors would be glad of an opportunity to call to their assistance a mind trained in diagnosis to clear up obscure points, with the assurance that there is no danger of the patient being taken away from them.

There are many physicians who are well up in *materia medica* and therapeutics, perfectly capable of treating a case successfully once the trouble is clearly apprehended. Correct diagnosis is the key to successful prescribing. When a case has anything peculiar about it, or proves intractable, the assistance of the expert diagnostician will prove invaluable. The little things which escape the eye of the general practitioner may be the means of reaching a correct diagnosis, after which the treatment resolves itself into a very simple thing for the physician who is well posted on his *materia medica*.

A man may have several talents, but one usually exceeds the others. If you will allow us, the Editor of this journal will illustrate this point from his per-

sonal experience. While devoted to medical journalism, most of the money he has amassed has come to him through the buying and selling of real estate. It seems that whenever he picks out a piece of property for an investment, somebody always wants to give him more money for it than it cost him. As a result, the Editor has made some money in this way, and if he did not love medical journalism for its own sake, and had to follow a business for the money there is in it, he would devote all his time to the buying and selling of real estate.

Doctor, find out what you are best fitted to do, and give all your powers to that. There is a fine opening for a man whose diagnostic faculty is of a high order, but should you select this field, do not let yourself be tempted to prescribe. If you do, you will stand in your own light. Do not permit yourself to make the faintest suggestion as to treatment, even if so requested. To do this would be to cast doubt on your good faith. When you have made your diagnosis, step aside, your work is done.

Serum.

Suppose you stop and think about this serum question a moment.

If you should take the serum of a dead man, which, as you know, is highly poisonous, and add enough carbolic acid or trikresol to make it absolutely inert, it would be safe for you to inject it into a living man. If, now, this man were suffering from a disease, and good results followed the injection, would you not ascribe the improvement to the antiseptic rather than to the inert serum? How can it be the serum, when that has been killed, its identity destroyed, by the action of the antiseptic?

This is precisely the condition-antitoxin is in to-day, and in spite of the money invested in its manufacture, and the various interests tied up in it, the serum idea is on the decline, and no power on earth can stop its passing out of use in the course of years.

The friends of authority in medicine can no more prevent this from coming to pass than the friends of the clergy in the dark ages could stem the rising tide of investigation, individual opinion and pri-

vate judgment which at length swept away the power of the Church, resting as it did on usurped rights, superstition, and an arbitrary assertion of authority.

Authority, we are glad to say, in every department of life, is on the decline. As men become more intelligent, they insist upon the right to investigate; they want to know the facts for themselves, and to do their own thinking. Superstition and mere assertion have little hold on them to-day, and these are ever the bulwarks of authority.

Whatever anyone may say, we believe, and dare assert, that there is no virtue whatever in antitoxin except in so far as the antiseptic is concerned. The medical profession being an intelligent, broad-minded class of men, with few prejudices, will think no less of the Editor for standing up for his views, even if they believe he is in error. It is only by allowing every man to have his say that we shall ever get at the truth.

Did you ever stop to ask yourself why you seldom hear of fatalities following the use of the serum nowadays? Is it not because pains are now taken to render the serum inert? If you use enough antiseptic to absolutely sterilize the serum, why not ascribe any therapeutic effect which may follow the use of antitoxin to the antiseptic rather than the serum?

With this question we leave the subject for your consideration.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys, what shall we talk about this time? After all, one doctor can't teach another much except in the way of suggestion. He can throw out a few hints, but each man has to learn for himself what a medicine is good for. They all have their special uses. No man can confine himself to any particular class of remedies, and be a successful doctor, or make any progress in knowledge of therapeutics. Study indications carefully, and prescribe what seems best to you. When you hit the nail on the head, stick to the

preparation that did the work for you. Don't let yourself be prejudiced against a good remedy by what somebody else may have to say about it. I use some proprietary medicines because I get good results from them; others I don't use for a similar reason. Find out for yourself what is good, and use your own common-sense, judgment and experience in prescribing.

Say, boys, don't make the mistake of giving belladonna preparations where you have a dry skin.

Bromides, as you know, are always indicated in all forms of congestion in the head; hence, you will find them useful in bad colds, where the nose is stopped up, eyes running, etc.

Modern investigation confirms the high esteem in which colonial doctors held native *asclepias*. Nothing acts so nicely in fevers and states of scanty secretion as preparations of *asclepias* in solution.

Say, try sulpho-carbolate of soda in ten-grain doses every two hours, taken dry on the back of the tongue, for tonsillitis.

Salicin is fine for cases of acute rheumatism where salicylic acid or the soda salt upsets the stomach.

Xanthoxylum is a good remedy in certain cases of chronic rheumatism.

Say, don't forget that minute doses of aconite and ipecac, at frequent intervals, will reduce the temperature safely and surely in acute respiratory disorders.

In prescribing alkalies to correct over-acid urine, remember to tell the patient the dose should be taken *after* meals. Bitters, on the contrary, should be taken before meals, and if they are to be taken for any length of time, they should be alternated.

Say, boys, when patients suffer from indigestion, yet have a good appetite, the trouble is usually to be found in the intestine.

In catarrhal conditions of the stomach, an infusion of the bitter principle is the best preparation to use.

In some cases, the aromatic oils act better than the bitter principles.

Say, boys, iron is a good medicine, but it takes discretion to use it to advantage. Never give it when there is a full state of the veins.

Drop doses of tincture gelsemium will often give quick relief in neuralgia of the fifth nerve.

Nine times out of ten you can relieve a jumping toothache by cleaning out the cavity and packing it with acetanilid.

Say, try this combination to head off chills: Acetanilid, one part; capsicum, two; quinine, three. Give five or ten grains of this mixture four hours before the chill is due, and follow it up with two to four-grain doses every hour for three doses.

The expressed juice of stramonium, mixed with vaseline, and rubbed into bald heads will make hair grow like sixty.

Phosphaturia can often be relieved simply by resorting to a flesh diet, using less vegetable food for a time.

It may almost be considered an axiom that with a temperature above 101° F., any food other than the juice of fruits is of no good to the patient.

There is nothing better than pure olive oil in diseases of the excretory ducts of the body.

Say, don't forget collinsonia in hemorrhoids, and keep the bowels soluble.

A few drops of glycerine on the tongue will often relieve a laryngeal cough.

Glycerite of starch is the best vehicle for applying astringents to the eye.

Say, try an application of ten drops each chloroform and tincture of aconite for the relief of sciatica.

A good diet for babies suffering from scurvy is fresh milk diluted with oatmeal water, with one or two teaspoonfuls of fresh beef juice, squeezed from a rare steak, three times a day, and a similar amount of fresh orange juice.

Benzine is the best thing for cleaning the skin after ointments have been used. It is also useful in removing sticking plasters.

When people are all the time complaining of headache, you may be sure it is caused by dyspepsia, constipation or liver disease.

Well, so long, boys, see you later.

I am an admirer of the MEDICAL BRIEF, and have been for thirty years.—W. L. LEISTER, M. D., Rogers, Ark., Associate Editor *American Med. Jour.*

[Written for the MEDICAL BRIEF.]

The Therapeutic Effect of Carbonic Acid Gas in Chloriasis, Asthma, Emphysema of the Lungs.

BY A. ROSE, M. D.,
New York City.

(Continued from page 204.)

1. *Chloriasis* (incorrectly called chlorosis).—Eleven girls, varying in age from sixteen to twenty years. The circumstances surrounding them were most unfavorable in regard to health. All these patients belonged to the poorer classes. They were obliged to earn their living by working in factories. Their fare was consequently a very poor one. In order to secure the results of the carbonic acid treatment pure and simple, nothing was altered in regard to their occupation and mode of living while under treatment. The cases selected were all of a severe form of chloriasis, and, except in one instance, were all of long standing, and had been under treatment, some having been treated by Ephraim himself.

One of these cases was not benefited by the carbonic acid gas; in two cases there was marked improvement, and in seven a complete cure ensued. An examination of the blood was made in nine out of the eleven cases, but was confined to estimating the number of red blood corpuscles. An unmistakable and, in most instances, a considerable increase in the number of red blood corpuscles was noted, although there was no examination made in regard to the amount of hemoglobin. Ephraim thinks that there must have been, judging from the improved general condition of the patients, an improvement in this direction. He admits that the improved condition of the patients may, to some extent be due to the fact that the administration of gas regulated the stools.

Even with these favorable results before us it would not be warrantable to speak of the introduction of carbonic acid gas as specially effective means for the treatment of chloriasis, but it may safely be said that it appears to be an excellent auxiliary in the treatment of this affection.

The result of the examinations of the blood supports the theory of Ephraim that the healing effect is due to an increased

introduction of oxygen into the blood. While I myself was treating a large number of children suffering from whooping cough with carbonic acid gas inflation of the rectum, I observed that those who were anemic improved markedly in regard to this condition under the treatment.

2. *Asthma*.—There were treated altogether twenty cases, ten of which were suffering from true bronchial asthma, five from neurasthenic asthma, three from emphysema of the lungs, associated with bronchitis and asthma, the nature of which could not be exactly defined. All the ten cases suffering from bronchial asthma were relieved from these difficulties for a longer or shorter period of time. The result, which was a surprise, considering that the affection is, as a rule, intractable to all sorts of treatment, induced him to publish the cases in detail. None of the patients were given any medicine, nor was any change in the mode of living ordered.

1. Flora S., thirty-two years of age, has suffered for seven or eight years from chronic bronchial asthma and slight shortness of breath. For one year attacks of dyspnea, which at first occurred in long intervals, but then became more frequent. During the last four weeks she has had an asthmatic attack lasting about half an hour every evening, which was accompanied with wheezing and blowing in the chest. During the night, patient slept little, and is obliged to sit up in bed.

Status praesens. Moderate emphysema of the lungs, diffuse and numerous rhonchi. In the sputum a very large number of asthma crystals. Heart normal. Patient can not go up more than one flight of stairs without resting. Treatment: Every afternoon she receives one injection of carbonic acid gas. After the second injection there were no more asthmatic attacks. After the fourth, the patient slept through the whole night without waking, and at the same time the cough began to diminish. After the eighth injection there were no more asthma crystals found in the sputum, after the eleventh cough was much diminished, rhonchi had disappeared, the patient climbed three flights of stairs without resting, and treatment was discontinued.

During the next six weeks the patient remained free from attacks and from shortness of breath, then the symptoms reappeared.

2. Josefa S., thirty-seven years of age. Has suffered during the last year from slight attacks of bronchial asthma, which lately have made their appearance at intervals of from two to three days, and have lasted a few minutes. Percussion sound over lungs normal, and within normal boundaries, numerous sibilant râles. In the sputum, spirals and asthma crystals in large numbers. After the first inflation, one more attack, but none since. At the same time cough and expectoration became less, and râles were scarcer. Patient now climbs two flights of stairs in succession, while formerly she could not climb more than one without taking rest. Treatment discontinued after eleventh inflation. No further observation made.

3. Clara E., twenty-one years. For nine years has suffered from cough, and occasionally appearing dyspnea. In the last few years the latter comes on more frequently, and during the last two years almost every night. Since August 10, 1889, the attacks are very severe, and last from one to two hours. During the day slight shortness of breath, cough, and abundant expectoration.

Status praesens: Well pronounced emphysema of the lungs, diffuse sibilant râles, in the sputum numerous spirals, and a very large number of asthma crystals. Treatment with carbonic acid gas commenced August 15th. During the following seventeen days, one injection being given daily, the attacks appeared in undiminished frequency, but their severity was lessened soon after the commencement of treatment. This was noticed by the patient as well as by the mother. The amelioration progressed continually, so that after the seventeenth inflation there were no more attacks; the cough was, however, only little improved, and the râles could still be noticed. On the whole, twenty-eight inflations were made, and the patient was dismissed. Iodide of potassium with apomorphine was ordered. During the treatment the patient gained remarkably; probably because her sleep was much better, and undisturbed.

After fourteen days the catarrhal symptoms became less. During the following three months the patient remained entirely free from attacks, but subsequently from time to time a slight difficulty in breathing appeared, which has repeated itself often since the middle of April, 1890.

From this time on have occurred from eight to ten attacks weekly; they are, however, milder than the former ones. On May 2, 1890, the carbonic acid treatment was resumed. The result was about the same as before. The attacks assumed, even after the first inflation, the character of a passing oppression, and disappeared entirely after the nineteenth inflation. After seven more inflations had been given, the treatment was discontinued. Catarrh as well as shortness of breath were much improved. Climbing of stairs was much easier done than formerly. Up to date (five months after discontinuance of treatment) the attacks have not returned.

4. John P., sixty-six years. For two years has had asthmatic attacks, appearing only during the night, and lasting from one to two hours; during the last few months every night, during the day slight shortness of breath. Very slight emphysema of lungs, few râles. With the beginning of the carbonic acid treatment the attacks became shorter and lighter, and with the seventeenth inflation they ceased entirely. During the following days, once in a while, a little oppression, "as if I entered a smoky room," said the patient. After the twenty-second inflation, even these ceased. Patient now sleeps regularly the whole night through. At the same time his continual shortness of breath is remarkably better. After having received the thirty-second inflation, the patient was dismissed, being in an essentially better condition. During the next three months he remained free from attacks, then they recommenced in a mild form, and at long intervals.

5. E. H., sixty-two years. Barrel-shaped thorax, considerable emphysema of lungs, chronic bronchitis. Has had a severe asthmatic attack every evening for from five to six months. After the second inflation the attacks ceased; under continued treatment the catarrh improved

considerably; patient slept all night long without, as was formerly the case, being disturbed by coughing. Dismissed after having been given the seventeenth inflation. Four weeks later the patient presented symptoms of insufficiency of the heart under which he died after a few days. In the meantime he had had no recurrence of the attacks.

6. Elizabeth P., twenty-five years. Pronounced sclerosis. Has often suffered from cough; the least exertion, climbing of stairs, etc., brings on dyspnea. For five weeks bronchial catarrh and severe asthmatic attacks every night. These latter ceased after the fifth inflation, and the patient slept every night uninterruptedly until morning from this time on. Eventually the catarrh disappeared. The patient was dismissed after having had the thirteenth inflation; the bronchi were entirely free. Up to date (one year later) the attacks have not returned.

7. Clara W., fourteen years of age. has suffered since her eighth year from attacks of difficulty of breathing, which at first appeared at intervals of several months, but for the last few years have appeared at intervals of from three to four weeks; they last from two to three days, and end with abundant expectoration. The patient came under treatment fourteen days after such an attack. She received twenty-five inflations. During this treatment patient had still, once in a while, a slight oppression with cough, but no real attack. Six weeks afterwards a mild attack lasting three hours; again, seven inflations of carbonic acid gas were made. During this renewed treatment slight oppressions reappeared from time to time, when treatment was again discontinued. From this time on, patient had no attack during seven months and a half, when again a spell of the former intensity, and of two days' duration, occurred.

8. Anna W., twenty-two years. Has suffered for one year every night from light and short attacks of difficult breathing. After the second inflation they ceased. The patient had received only four inflations when for external reasons she did not present herself any more for treatment. No further observation.

9. Blanca J., twenty-three years. Has suffered for one and a quarter years from difficulty of breathing, which makes itself noticeable during fast walking and climbing of stairs, more marked in the evening. For the last twelve days every evening an asthmatic attack, lasting one or more hours. Slight emphysema; auscultation, except during attack, revealed nothing abnormal. After the second inflation no more attacks; with the seventh inflation treatment was discontinued. There are, however, symptoms of a dry bronchitis, but thus far (eight weeks later) no new attack has appeared.

10. Mrs. A., fifty years. For four years has been subject to asthmatic attacks, which recently have come on more and more frequently. During the last four weeks there have been daily attacks of from three to four hours' duration, occurring mostly during the night, seldom during the day.

Status præsens: Emphysema pulmonum, numerous sibilant râles. In the sputum many spirals and crystals. During the first four days of carbonic acid treatment little change, but after the fifth day the attacks disappeared. After two more inflations the patient declared herself cured, and stayed away from treatment. Cough had decidedly improved, râles were considerably reduced, and the patient remained perfectly free from attacks during the following eight weeks; then they reappeared, but less frequently, and in lighter form.

In the cases enumerated, the effect of the carbonic acid was noticeable after various lengths of time; the chances of cure were better the shorter the time the evil under treatment had existed. But even in the chronic cases, subjective and objective improvement was noticeable almost from the commencement of treatment; improvement in regard to either duration or severity or both. Amelioration of shortness of breath was noted, not only during the attacks, but also during the intervals, and bodily exertions, such as climbing of stairs, could be executed with greater facility. Simultaneously with the relief of dyspnea and asthmatic difficulty there was experienced a most beneficial influence on the bronchial catarrh. Only in one case (No. 3) was no

change noticed during treatment, and in another case the improvement took place after treatment had been discontinued.

In all other cases the cough improved, the râles became less, or disappeared completely. Especially noteworthy are three cases of emphysema of the lungs, which Ephraim treated with carbonic acid gas. The history of all three is essentially the same. There was considerable emphysema, chronic bronchial catarrh, cough and shortness of breath, which, naturally enough, increased under bodily exertion. In all three cases relief was secured after a comparatively small number of inflations (seven, nine and eleven, respectively), the dyspnea improved considerably, the catarrhal symptoms disappeared completely in two cases, and in one almost completely. The volume of the lungs, however underwent no alteration.

Resumé: The results of the carbonic acid gas treatment of asthma are shown in improvement of shortness of breathing and of the bronchial asthmatic attacks, which improvement sometimes lasts for a period of time, while at others it is permanent.

It is to be mentioned again that in all these cases only a limited number of inflations were given. Ephraim observed in some cases that nightly attacks would be prevented when inflations were made during the afternoon, but would come on when the inflations were given during the forenoon.

My own experience in treating asthma by means of carbonic acid gas inflation of the rectum confirms fully all what Ephraim has observed. My patients—outdoor patients of the dispensary—made the inflations themselves by means of my simple gas generator already described. Being enabled to apply the gas at any time, they secured, without exception, as far as I know from reports they gave, freedom from attacks during the night, they enjoyed, sooner or later, complete night's rest, and all were relieved from bronchitis. Two cases I had under observation for about two years, and saw the lasting benefit in regard to bronchitis and asthma. Both patients made use of the gas with more or less interruptions—according to their statement—for many months.

THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.,
EDITOR AND PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

NEW YORK OFFICE, ASTOR COURT BLDG.

FOREIGN OFFICE:

AUCKLAND HOUSE, BASINGHALL AVE., LONDON, E.C., ENG.

Vol. XXXIII. April, 1905. No. 4

SUBSCRIPTION RATES—INVARIABLY IN ADVANCE.

United States and Canada, . . . per annum, \$1 00

Foreign (Postal Union), . . . " 7s. 6d

These rates include postage.

Advertising rates sent on application.

All subscriptions will be discontinued at expiration unless renewed.

The Medical Brief will not be sent unless paid for in advance.

One Dollar per year in advance.

Write only on one side of the paper.

See how short and plain you can write.

Write articles intended for publication, and matter for editor, on separate pieces of paper.

Articles sent for publication in the MEDICAL BRIEF must not contain more than seven hundred words. Short, practical, brief items always wanted.

The MEDICAL BRIEF is mailed on the first of each month. If a number fails to reach you we will supply it, provided we are notified within a month.

The Editor is not responsible for the articles of contributors. The MEDICAL BRIEF aims to publish articles on both sides of a question.

MEDICAL BOOKS.

We supply any MEDICAL BOOK, no matter by whom published, post-paid, on receipt of publisher's price. Send for our Catalogue.

Address, MEDICAL BRIEF, St. Louis.

The MEDICAL BRIEF has the largest paid circulation of any medical journal published anywhere.

[Written for the MEDICAL BRIEF.]

Diseases Which May Be Mistaken for Rheumatism.

BY WILLIAM MURRELL, M. D., F. R. C. P.,

Physician to the Westminster Hospital; Lecturer on Clinical Medicine and Joint Lecturer on the Principles and Practice of Medicine; Examiner in the University of Aberdeen, London, England.

In this paper it is not intended to discuss any particular disease, but to give an outline of those conditions which are not unfrequently mistaken for rheumatism, either muscular or arthritic.

The term "rheumatism" has no definite meaning, but is simply a generic term

employed to hide our ignorance. It is a conglomeration of diseases, and for the purposes both of diagnosis and treatment it is necessary to resolve it into its component parts. Ordinarily we speak of muscular rheumatism, articular rheumatism, and gonorrheal rheumatism.

Muscular rheumatism is probably in most cases a myalgia, and is a local and non-febrile condition. It affects the voluntary muscles and the fascia and periosteum to which they are attached. It is known by various names according to the particular muscle or group of muscles attacked. Thus we speak of lumbago, torticollis and pleurodynia, all three terms being used somewhat vaguely.

A pain in the lumbar region may be purely muscular in origin, but it may be due to caries of the vertebræ, renal calculus, perinephritic abscess, or congestion of the female generative organs.

Torticollis includes not only the rheumatic affection, but a condition which is congenital, certain tonic and clonic conditions due to irritation of the spinal accessory nerves and some cases of Gilles de la Tourette's disease.

Pleurodynia is made to cover myalgia, intercostal neuralgia, herpes zoster, and dry or localized pleurisy.

Most cases of muscular rheumatism are directly traceable to exposure to cold or wet. A young man in good health travels up to Glasgow from London by the night train, and finding that he has the carriage to himself, piles the cushions on the floor and sleeps soundly, covered only by a light rug. The draught from under the door catches him in the back, and on arriving at his destination he is suffering so severely from lumbago that he has to be assisted from the compartment. In some cases the pain is due to over-exertion. A young lady goes to her first ball, and dances every dance. On reaching home she suffers from pain and cramp in the muscles of the calves, thighs and back, and has to be given a hypodermic injection of morphine before she can be undressed.

A common provisional diagnosis is "lumbago and sciatica." The sciatica may be sciatic neuralgia, sciatic neuritis, popliteal, gluteal, or sciatic aneurysm, melano-sarcoma of the femur, renal cal-

culus or malignant disease of the rectum. In one of my cases it was due to fibrous adhesions strangulating the nerve in the sciatic foramen, the result of a hunting accident—a condition cured by cutting down on the parts, breaking through the adhesions and stretching and “harrowing” the nerve. The popular treatment of neuralgia at the present time is the injection of osmic acid, but it is not safe to employ it for mixed nerves such as the sciatic. Many cases of muscular rheumatism are due to uric acid diathesis, the patient suffering from goutiness, although he may never have had a distinct attack of gout. The growing pains of children are often described as rheumatic, as are the pains of anemia and general debility. The probabilities are that when a patient has been treated for rheumatism for some weeks without benefit, there is some grave organic lesion which has been overlooked.

Trichiniasis is another disease which may be mistaken for muscular rheumatism. The migration of the embryos of the *trichina spiralis* which pass from the intestines into the voluntary muscles excites an inflammation or myositis characterized by tenderness and pain on pressure and movement. The muscles of the larynx and of mastication may be involved, giving rise to difficulty in speaking and swallowing, and sometimes the diaphragm and intercostal muscles are implicated. There may be profuse sweating with some edema of the skin. The temperature is usually elevated, ranging from 102° to 104° F. The diagnosis is made by the microscopical examination of a fragment of muscle removed for that purpose, and by searching for the embryos in the motions.

Another disease attended with acute tenderness of the voluntary muscles of the limbs of the thorax and abdomen, of the back, and even of the neck, is that peculiar affection known as dermo-myositis. It is rare, and probably not more than twenty undoubted cases have been described.

In the United States it has attracted the attention of Dr. George W. Jacoby, of New York, and of Dr. F. Froehner, of Cincinnati, and in France a case occurred in the clinique of Prof. Lépine, of Lyons.

The onset of the disease is gradual, and there is some fever, although not of a high degree of intensity. There is edema with often an eruption of erythema, urticaria, or herpes. There is profuse sweating, and enlargement of the spleen has been described in some cases. It may run a chronic course, but the prognosis is by no means good. If the muscles of the larynx and pharynx are involved, the patient usually dies of aspirative pneumonia.

There are many other forms of myositis, most of them of toxic origin. Suppurative myositis is due to a streptococcal invasion. Enteric myositis and the myositis following many acute infectious disorders are familiar to every clinical observer. In these cases the symptoms are not severe, and the tenderness is not pronounced. In gonococcal myositis, the muscles of the neck are often involved. Some varieties of myositis are associated with various forms of hemorrhage, and others with erythema nodosum. Cases of myositis opificans, in which practically every muscle of the body has undergone calcification, and the patient is reduced to the condition of a “living skeleton,” probably represent the final stage of the peculiar symptom picture.

It need hardly be said that in many forms of malaria, pains in the limbs constitute a prominent feature. In Malta fever, which is due to the *micrococcus melitensis*, there are neuralgic symptoms referable to the peripheral nervous system, sometimes accompanied with arthritic effusions. This disease at Gibraltar is known as “rock fever,” and it prevails extensively on the shores of the Mediterranean. It is also met with in India and China, and at Porto Rico.

The initial pains of influenza, of beriberi, and of dengue, or “break-bone fever,” might readily before the characteristic symptoms here developed, be mistaken for muscular rheumatism.

Articular rheumatism is a term often used as a synonym for rheumatic fever, a disease which in its typical form can not be mistaken. The sudden onset, usually without a rigor, after some definite exposure to cold and wet, the age of the patient, the history of previous similar attacks, the tonsillitis, the sweating with sudamina and millaria, the involvement

of the middle-sized joints, with a tendency to metastasis, the complication of pericarditis and endocarditis, with possibly hyperpyrexia, and the association, in many cases, with erythema nodosum and peliosis rheumatica, are typical. The readiness with which the temperature falls under the influence of salicin, salicylic acid or salicylate of sodium is almost diagnostic. Whether the disease is always due to a specific organism is not definitely established, but it is often associated with the diplococcus rheumaticus described by Poynton and Pain, and before them by Triboulet and Wassermann. This organism has been isolated from twenty-two cases of rheumatic fever and its presence has been demonstrated in the principal lesions. It is a minute diplococcus, streptococcal in liquid media, and staphylococcal on solid media. It can be cultivated aerobically and anaerobically. Its virulence is low, and is raised with difficulty. No specific test for it has been discovered. When grown in pure culture it produces by intravenous injections in rabbits identical lesions from which in turn the bacillus can be isolated and cultivated. This work is not new, but it has recently been brought forward in a manner to ensure consideration. It is by way of the tonsils that the specific organism finds its entrance into the circulation.

It is usually said that rheumatic fever has to be diagnosed from gout, but the two diseases can hardly be confounded. An acute attack of gout may occur as podagra or chiragra, and it is the former variety which is usually described in text-books. As a matter of fact, the great majority of cases of acute gout seen in London hospital practice affect the wrist and hand, the subjects being brewers' draymen, who drink much beer, and who maintain that it does them no harm, as it is supplied gratuitously. When a man suffers from chiragra, he walks to the hospital, but when the feet are affected, and it is a question of taking a cab, he prefers calling in a doctor from motives of economy.

The treatment of these cases of chiragra presents no difficulty, and it is rarely necessary for the patient to absent himself from his duties for more than forty-eight hours. A mixture, containing

twenty grains of iodide of potassium and a drachm of colchicum wine should be taken every four hours. It may produce vomiting and diarrhea, but it cuts short the attack, and the inflammation rapidly subsides. This treatment is adapted only to patients of this particular class, and is not suited for private practice, or for delicate women. As a local application, nothing is better than a mixture of equal parts of extract of belladonna and glycerin applied freely, and covered with a thick layer of cotton wool.

Another disease which we are told may be confounded with acute rheumatism is osteo-arthritis or rheumatic gout, as it was formerly called. There seems to be little doubt that this affection is bacterial in origin, and that it is due to an organism indistinguishable morphologically and culturally from diplococcus rheumaticus. This statement, however, must be received with a certain amount of reserve, for it is not always easy to say positively whether organisms described by different observers are identical.

The disease is usually chronic in its course, attacks the smaller joints, especially those of the hand, and is attended with little elevation of temperature. Some cases run an acute course, and it is then difficult in the early stages to distinguish them from rheumatic fever. The age and sex of the patient, the absence of sweating, and of such complications as endocarditis and pericarditis should put the careful observer on his guard. The treatment of arthritis deformans presents many difficulties, and although large doses of arsenic and of iodide of potassium are commonly recommended, it must be confessed that they usually fail to check the progress of the disease. Hot-air baths, at a temperature of 200° F., are useful, and hot douches relieve the pain.

The choice of a health resort for osteo-arthritic patients presents much difficulty. It does not fall within my province to speak of the numerous health resorts in America which are so well adapted for the treatment of obstinate joint cases.

In England the favorites are Bath and Harrogate, the former being resorted to in winter for its warmth, and the latter in the summer for its fine bracing moorland air. At both there are hot springs,

and complete bathing establishments. One of the best places for the treatment of rheumatoid arthritis is Hamman R'irha, near Algiers. It is a winter resort, and the season is from November to March. The vegetation is tropical, but the scenery is not unlike that of the Highlands of Scotland. The thermal spring has at the fountain head a temperature of from 110° to 115° F., and there is a complete bathing establishment, with all modern appliances, under the direction of Dr. Barbaud. There is only one hotel, the "Grand," but that is on a palatial scale, and is a very comfortable place of residence. There is a railway from Algiers to Bou Medfa, and from there the remainder of the journey is by road.

Another disease sometimes in the early stages mistaken for rheumatic fever is pyemia, but the abrupt onset, the hectic temperature, the suppurative condition of the joints with the formation of multiple abscesses, make the diagnosis easy. Salicylates are of little avail in this condition, and the only hope is in the prompt administration of anti-streptococcic serum and surgical interference.

The spinal arthropathies, such as the Charcot joints of tabes, and the gliomatous arthropathy of syringomyelia present little or no difficulty, and are readily recognized.

Gonorrheal rheumatism or gonococcic arthritis following in the wake of a specific arthritis, and frequently accompanied by iritis, is well known. Usually the iri is occurs concomitantly with the arthritis. Its onset, however, may precede the joint inflammation, or the iritis may occur without arthritic complications. Usually the eyes and the joints are not affected simultaneously. Both conditions are liable to relapse, and they leave behind a vulnerability of the tissues which may persist for years. The majority of the patients do badly in England, and are glad to seek some warmer climate in winter, such as Hamman R'irha.

Cases of gonococcic rheumatism originating in ophthalmia neonatorum are often overlooked. Ophthalmic rheumatism may attack infants, either as an acute arthritis accompanied by much pain, swelling and redness, or as a subacute synovitis with effusion. The original ophthalmia may

be due to an inoculation from the vaginal discharge of the mother at the time of birth, or it may take place accidentally at a later period. The joint affection makes its appearance at the end of the second or at the beginning of the third week. The disease shows a predilection for the knee-joints, but the wrist, elbow, ankle and hip are often involved. It runs a course of about three weeks, and suppuration rarely occurs. It is possible that in cases in which the effusion becomes purulent there may be a double infection, and streptococci as well as gonococci may be present. In the gonococcic arthritis of adults dilatation of the urethra is useful, whilst in children local treatment directed to the ophthalmia affords the best results. The gonococcus in the ophthalmic secretion has been demonstrated by Darier and by Deutschmann in the fluid from the inflamed joints.*

In a case of multiple arthritis recently under my care, the onset of the joint affection was preceded by an acute attack of purulent double conjunctivitis. There was a dome-shaped swelling of the dorsum of one hand, and some effusion into the opposite knee joint.

There was no history of gonorrhea, either past or present, and squeezing the urethra gave a negative result. The fluid from the joint, and the secretion from the eyes both failed to yield the gonococcus. Salicylates in large doses failed to influence either the temperature or the condition of the joints. The disease ran a chronic course, and not the slightest doubt was entertained that it was gonorrheal in origin, the seat of infection being the conjunctiva. It is well to bear in mind that a gonorrhea is not of necessity urethral in its origin.

Pneumococcic arthritis is a subject which of late has received much attention. The specific organism on which it depends, the *diplococcus lanceolatus*, is strictly parasitic, but confines its attention entirely to the human subject. It is often present in conditions which are not pathogenic, but it is responsible for a considerable number of morbid conditions. In addition to acute lobar pneumonia and pneumococcic arthritis, it may give rise

* *London Lancet*, January 29th, 1905.

to abscess and cellulitis, pleurisy and empyema, pericarditis and endocarditis, meningitis, peritonitis, and salpingitis, tonsillitis, keratitis, and otitis media—all of pneumococcal origin. The arthritis is usually preceded by pneumonia, but it may anticipate the lung condition, and in some cases it occurs as a primary pneumococcal arthritis. This last condition is rare, but I recently had a case under my care. The patient, a pregnant woman, aged thirty-two, was admitted into the Westminster Hospital on January 1, 1903. She had septic arthritis of both knees, and of one shoulder and wrist. Mr. Walter Spencer performed arthrotomy of both knees, and the bacteriological report showed the presence of an organism culturally and morphologically indistinguishable from *diplococcus pneumoniae*.

The point of interest about this case is that there was no history of pneumonia, and although the patient was kept under observation for six weeks, she developed no lung mischief. The joint affection in these cases is continuous, and presents none of the fugitive characters of acute rheumatism. The morbid anatomy of the joint is that of other septic arthritides. The pneumococcus is especially liable to attack a joint, the vitality of which is lowered, either by some previous attack of disease, or by mechanical injury. The treatment of these cases is simple. The joint should be laid open and thoroughly washed out with sterilized water; subsequently rubbing and douches will be found useful in restoring movement. The patients, as a rule, make a good recovery.

Closely allied to the foregoing variety is the arthritis of influenzal origin. These cases are either rare, or they are overlooked and confounded with acute rheumatism. This must be the case when one considers the prevalence of influenza during the last decade. The disease commonly originates in people who have passed the age in which a first attack of rheumatism occurs, and usually there is a history of several attacks of influenza without anything pointing to the incidence of acute rheumatism. The amount of effusion is not great, but there may be stiffness in one or more joints lasting for some weeks.

In one of my cases,* a man aged forty-three, had repeated attacks of influenza, but never acute rheumatism, and there was no history of either syphilis or gonorrhea. The arthritis followed immediately a severe attack of influenza. The joints affected were the shoulders, knees and wrists. There was very little effusion, and not enough to justify aspiration. The disease ran a favorable course, but some stiffness was left in one wrist.

Cases of traumatic arthritis are sometimes associated with the presence of a specific organism. A boy, apparently healthy, receives a blow on the knee, and the fluid obtained from the joint is found to contain a *diplococcus* identical with the *diplococcus* of rheumatic fever. The gradual onset of tuberculous disease in a joint, the resistive power of which has been reduced by injury, is of such frequent occurrence that it should always be suspected. Tuberculous arthritis occurs as a complication of advanced phthisis, but I can not say that I have met with many such cases. There are cases of polyarthritis occurring in women suffering from leucorrhea said not to be gonococcal in origin.

In scarlet fever, joint lesions are comparatively common, and these cases were formerly known as "scarlatinal rheumatism." Other forms of arthritis are due to syphilis, enteric fever, erysipelas and glanders.

Numerous cases of hypertrophic pulmonary osteo-arthritis have recently been recorded, for the most part associated with chronic affections of the lungs or bronchi. I have met with a case in which the joint affection, a septic arthritis, was due to a suppurative condition of the roots of a number of decayed teeth. Hemarthrosis in patients suffering from hemophilia must be borne in mind.

Not infrequently pain in or about a joint is reflex in origin; for example, pain in the knee may be indicative of tuberculous disease of the head of the femur, or it may be due to renal or vesical calculus. It is well to remember the existence of hysterical or mimetic joint affections.

Probably one of the greatest misfortunes that can happen to a man in prac-

* *The Lancet*, (London) July 18th, 1903.

tice is to confound osteo-myelitis with rheumatism, but the mistake has been made over and over again. Acute suppurative osteo-myelitis occurs chiefly in young subjects, and is staphylococcal in origin. It may arise without any obvious external wound or lesion. It attacks the bone in the immediate vicinity of the epiphysis, the common seats being the upper end of the tibia and the lower extremity of the femur. In addition to high fever and general constitutional disturbance there is pain on percussion over the affected parts. The treatment is to cut down on the bone, gouge out the diseased part, and apply pure carbolic acid. Injections of antistaphylococcal serum are useful, and if one particular make or brand fails, it is well to try another, but amputation is often the only means of saving the patient's life.

The diagnosis of acute rheumatism is easy, but there are many sources of fallacy, and every case should be regarded with critical eye. One mistake in diagnosis will create an unfavorable impression which will take many years of successful practice to wipe out.

[Written for the MEDICAL BRIEF.]

Thuja as a Remedy for Warts.

BY CHARLES D. F. PHILLIPS, M. D., LL. D.
(ABERD.); LL. D. (EDIN.); F. R. S. ED.;
F. R. C. S. ED.; M. R. C. P. (LOND.)

Honorary Fellow of the Medico-Chirurgical College of Philadelphia, late Examiner in the Universities of Edinburgh, Glasgow and Aberdeen and Lecturer on Materia Medica at Westminster Hospital.
London, England.

For many years I have employed thuja in the treatment of warts. By the term thuja I wish to indicate the fresh tops of thuja occidentalis, the white cedar growing in the Northern United States of America. It contains pnicripin, a bitter, active principle, probably not an alkaloid, and thujin, a yellow coloring agent. Its most important constituent is a volatile oil allied in pharmacological action to savin, and known as thujetin. Thuja is useful in all papillomatous conditions, and a wart is a papilloma of the skin, whether it be single or multiple, simple or

branched, acuminate or flattened. My own experience, lasting now over a considerable number of years, induces me to recommend it in the highest terms for the cure of warts with a narrow base and a pendulous body. They may occur upon any part, and have often a history which is hereditary. Many of them are removed by cleanliness, and the external application of nitrate of silver, glacial acetic acid, or the acid solution of nitrate of mercury, or by cutting off the growth with a pair of scissors, and dressing the part with an astringent lotion, but these remedies are far inferior to a strong tincture of thuja occidentalis, applied three times a day for a week or a fortnight. Warty growths about the penis or the vagina of women are undoubtedly contagious, and are often syphilitic or gonorrheal in origin. It is in this variety that the efficacy of mercurial lotions and ointments is the most marked. For condylomata, calomel with astringents is a good dusting powder, but the acid nitrate lightly applied is still more effective; one application will sometimes destroy the growths where nitric acid alone and other caustics have failed. For generalized syphilitic eruptions, especially those of papular character, baths of corrosive sublimate have been recommended by Baume, Trousseau and others, but their proportion of half an ounce to each bath I think too large; headache, drowsiness, and sometimes colic and diarrhea are produced, and the skin is irritated by them.

The peculiar form of wart which is apt to appear on the hands of pathologists and others engaged in making *post-mortem* examinations is of quite a different character, and is due to cadaveric infection. I have a suspicion that they are often tuberculous in origin; they are best treated by the stronger tincture of thuja, to which reference has already been made.

In addition to warts about the genitals, only some of which are gonorrheal in origin, crops of filiform warts sometimes appear on the scalp, about the skin of the neck, in the axilla, and even on the eyelids. In these cases a wash or lotion of thuja is most useful, and often the warts fall off in two or three days after this application, leaving the base perfectly healed, although the strong tincture

should be applied locally to such as are intractable.

Condylomata about the arms or pudentia of either sex—whether of a syphilitic character or otherwise—are rapidly cured by the application of the same tincture.

In addition to the local application, five drops of the tincture should be taken in a wineglass of water internally every night and morning.

Although the great and most useful sphere of action of thuja is in the treatment of warts and papillomatous growths, it is also valuable in rheumatic and arthritic pains, and in ulcerated surfaces, especially about the corona glandulis.

[Written for the MEDICAL BRIEF.]

Medical Life in London.

BY ALBERT SMITH, M. D.,

Paris.

Having recently, in company with two American medical friends, paid a hurried visit to some of the chief hospitals in London, I think that a brief account of our experience may not prove uninteresting to those readers of the MEDICAL BRIEF who contemplate a short stay in the metropolis of England. I say advisedly a short stay, and by that I mean from a week to ten days, for my observations were made in that comparatively short time, and may not be applicable to those contemplating a longer period of study.

The great difficulty about medical life in London is that there are many hospitals scattered over a wide area, so that it is impossible to visit them all, and it is necessary to make a selection. There are nine big hospitals, to which medical schools are attached, exclusive of one for women, and these naturally first claim our attention. There are, in addition, a great number of "special" hospitals, some of which are well worth visiting, while others are not.

With regard to the mode of admission to see the practice of any hospital, this presents no difficulty. We simply sent in our cards by the janitor or porter in attendance, and were, without exception, most courteously received. Whether the

fact of one of our party bearing an honored medical name had anything to do with the cordiality of our reception, I am not prepared to say, but I am inclined to think that equal hospitality would be shown to any visitor.

With regard to the best month for visiting medical London there is not much to be said. The hospitals are always there, and are always open, some of them boasting that their doors have never been closed, night or day, for many centuries. June and July are ideal months, and probably the best of the year; in August and September, the senior men often take their holidays, and the wards are left in the hands of the juniors, who, although they may be equally good teachers, have not the same reputation.

The order in which the hospitals should be visited depends to some extent on the place of abode of the visitor. Many Americans, especially those who contemplate only a short stay, find themselves located at the Hôtel Métropole, or the Victoria, or the Grand, all of them in Northumberland Avenue, and in the center of the West End. That was the case with our party, and the locality to a large extent influenced our movements.

On inquiry we found that the nearest hospital was the Westminster, and we accordingly wended our way there. It was but five minutes' walk, and thanks to the directions of a kindly policeman, who seemed to take a personal interest in our movements, we found it without difficulty. It is an imposing building immediately opposite Westminster Abbey, and was, we were told, the first hospital in London supported by voluntary subscriptions. It is of considerable antiquity, but exactly how old I do not recall. It is a general hospital, with special departments. Our visit was paid on Thursday, about two o'clock in the afternoon, and we were received in the wards by Dr. Murrell, who showed us some excellent cases, demonstrating each of them in a few, well-chosen words. He was accompanied by his clinical clerks, and was followed by a considerable number of students, to whom he was engaged in imparting instruction of a very practical character. We learnt that he visited three times a week, one visit being paid on Saturday

morning at 9.30. I mention this fact because most visits are in the afternoon, and it is not always easy to profitably employ the hours before mid-day.

On the following morning we visited the clinique of Dr. Allchin at the same hospital. He has a considerable reputation as a teacher, and his demonstrations are largely attended by advanced students and medical men preparing for the higher examinations. On the following Tuesday we witnessed, in the theater of the hospital, a number of operations by Mr. Walter Spencer, most of them being of considerable magnitude. We also saw two operations, on a subsequent date, by Mr. Charles Stonham, who is said to be one of the best operators in London, and whose ambidexterity is remarkable. We also paid a visit to the section of the out-patient department, presided over by Dr. T. Calcott Fox, and had the opportunity of examining a number of rare and very interesting skin diseases. Altogether our visit to the Westminster Hospital was a very pleasant one, and resulted in much profitable instruction.

At no great distance from the Westminster Hospital are the Hospitals of Charing Cross and St. George's, the latter overlooking Hyde Park. At Charing Cross the chief physician, until quite recently, was Dr. Mitchell Bruce, but he has now resigned. The senior physician at St. George's, Sir Isambard Owen, has also left, but we had a few minutes with Dr. Ewart, and also with Dr. Rolleston, who has recently published a book on "Diseases of the Liver." On the other side of the Thames, over Westminster Bridge, is St. Thomas' Hospital, but that, unfortunately, we had not time to visit.

Many American physicians make their headquarters at the Hotel Russell, in Russell Square, or at some of the numerous hotels in the neighborhood. These are somewhat remote from the West End, but they form a convenient nucleus for visiting University College Hospital. This is a new building of considerable magnitude, and is only just completed. The old hospital, which formerly stood on the site, has been demolished, but in its time it was a medical school of much importance. Connected with it in times gone by were Sir William Jenner, Sir Russell Rey-

nolds, Sir Henry Thompson, Mr. Erichson, Mr. Marshall (both Presidents of the Royal College of Surgeons), and Sir John Williams. These are now all dead with the exception of the latter, who has retired from practice. We had, however, an opportunity of making the acquaintance of Sir Victor Horsley, who is an authority on brain surgery. Not far from University College Hospital is the Middlesex Hospital, which has a special cancer ward. These two institutions are but a quarter of a mile apart, and each has its own expensive establishment of lay officials. To the uninitiated observer it would appear that a great economy would be made by amalgamating them, but in London there is no central authority by which such matters are controlled.

Amongst the largest hospitals in London are Guy's and St. Bartholomew's, both far from the West End, although they are readily reached by the "Tube Railway." Bartholomew's is an old foundation, and was established by Rahere in 1120. Amongst its early benefactors were Thomas Beckett, Archbishop of Canterbury, Henry FitzAilwin, the first Mayor of London, and William Longespée, one of the witnesses of Magna Charta. It has an air of antiquity and respectability, but the wards are poor, and it is not surprising that there is a movement on foot for restoring or removing the building. There have been many changes in the staff of the hospital of late, and we were told that Sir Lauder Brunton had recently resigned. At Guy's Hospital, which was founded by Thomas Guy, in 1721, we were received by Dr. Frederick Taylor, and saw some interesting cases. Both at St. Bartholomew's and Guy's there are many students, and there are fewer opportunities for the casual visitor than at some of the smaller hospitals, though personally we experienced no difficulty.

We did not venture to visit the Royal Free Hospital, which is the School of Medicine for Women, but we were assured that ladies possessing medical qualifications might rely on a cordial reception by the members of the staff.

The London Hospital is at "Mile End," in the East of London, in a district far removed from most of the other hospitals. It contains eight hundred and twenty

beds, and nearly two hundred thousand patients are seen every year. It was at this hospital that Mr. Jonathan Hutchinson, Sir Frederick Treves, and the late Sir Andrew Clark obtained their reputations, and laid the foundation of their extensive practice. One of the physicians is Dr. Robert Hutchison, who is the author of a well-known book on "Food." Much attention is devoted to the light treatment, and Dr. Sequira, the Superintendent of the Department, is in attendance daily.

King's College Hospital is in Portugal Street, Lincoln's Inn Fields, at no great distance from the Strand, but it will soon be removed to the populous district known as Clerkenwell. Incidentally, it may be mentioned that there is a movement on foot for the decentralization of many of the great hospitals of London. During the last twenty years slums have little by little been swept away, to make room for new streets, and blocks of buildings let out in offices and chambers. The poor and poverty-stricken have been forced to seek accommodation elsewhere, and now the hospitals are beginning to feel the necessity for adapting themselves to these altered circumstances. The senior physician to King's College Hospital is Dr. David Ferrier, and the senior surgeon is Mr. Watson Cheyne. Lord Lister is the consulting surgeon, but the post is honorary, and does not involve active hospital work, or the care of patients.

First and foremost amongst the "special" hospitals must be mentioned the Hospital for Consumption at Brompton, which is easily reached from the neighborhood of Charing Cross by omnibus. It stands in its own grounds of about three acres, and in addition to three hundred and twenty-one beds, there is a very large out-patient department. We spent a morning with the out-patients, and an afternoon in the wards. Every opportunity was afforded us of examining the patients, many of whom were suffering from heart disease, and other diseases of the chest, the hospital by no means confining its sphere of usefulness to the treatment of consumption. Almost immediately opposite, and also in the Brompton Road, is the Cancer Hospital, a few doors from which is a hospital devoted to women's diseases.

Another special hospital which should not be missed is Queen's Square, known technically as the National Hospital for the Paralyzed and Epileptic. It has a very fine staff, and the visitor interested in nervous diseases will find much to interest him.

In addition to these there are many other hospitals of which I regret that I am unable to speak from personal experience. There are hospitals for the eye, for the skin, for the throat, for orthopedics, and, in fact, almost every class of diseases. All the general hospitals have their own special departments, each presided over by a physician or surgeon of acknowledged eminence. To visit them in detail would mean a stay of some weeks, or even months, and in ten days it is useless attempting to see everything. The only possible plan, if one's time is not to be wasted in journeying from place to place, is to select a central locality as a place of residence, and to visit those hospitals which are easily accessible, or in which one is specially interested. A visitor is treated everywhere as a guest, and is not required to take out a ticket or pay anything. If, however, he intends to stay for, say, three months, he would do well to take out the joint ticket issued by the London Post-Graduate Association, which costs seven guineas, or about thirty dollars for three months. It admits to the following general hospitals: Westminster, St. George's, Charing Cross, University College, King's College, Middlesex, St. Thomas', St. Mary's, Guy's, and the London, and also to the Brompton Hospital, the Hospital for Sick Children (Great Ormond Street), the London School of Tropical Medicine, the National Hospital for the Paralyzed and Epileptic, and the Royal London ("Moorfields") Ophthalmic Hospital. That is to say, that the post-graduate has the run of fifteen large hospitals, comprising about four thousand five hundred beds, and out-patients too numerous to mention.

There is a polyclinic in London where short lectures and demonstrations are given daily, and there are, in addition, at least two post-graduate colleges, but, as a rule, it will not be found necessary to go beyond the ordinary hospitals, and the

joint ticket. The Lister Institute of Preventive Medicine and the School of Tropical Medicine will, however, well repay a visit.

There is no city in the world—not even Paris—where there is a greater wealth of clinical material than in London, and there is no medical center in which it is more readily accessible. In October last, about a hundred and fifty French physicians and surgeons were entertained in London by their English colleagues, and although their visit was a very short one, they were delighted with all they saw. The patients are everywhere well cared for, the wards are brightly decorated, and gay with flowers, and the nurses are by no means wanting in good looks. Everything is done to make the patients happy. As my friend, and former teacher, Dr. Lucas-Championnière, of the Hotel-Dieu, said to me after his recent visit to London: “En certains points peut-être y a-t-il une tendance au luxe un peu exagérée,” but if so it is a fault on the right side.

[Written for the MEDICAL BRIEF.]

The Pain Following the Clamp and Cautery Operation.

BY CHARLES B. KELSEY, M. D.,

Formerly Professor of Rectal and Abdominal Surgery at the University of Vermont and the New York Post-Graduate Medical School and Hospital.
New York City.

In a recent article we find this statement: “It is well-known that for several days after the usual clamp-and-cautery operation, pain and edema contribute greatly to the distress of the patient.” This is unquestionably true, and yet it is because of the comparative absence of pain that we have always advocated this operation in preference to others. While I would not seem to imply that my own way of operating is any better than that of other surgeons, it is certainly a fact that my patients generally suffer only slight inconvenience, seldom or never require any anodyne, and usually enjoy their meals within a few hours after the anesthetic. And yet the patients of other men tell me the suffering was unendurable, so intense, in fact, as to make them advise their friends on no account to submit to an operation.

The suffering must, indeed, be a serious element in the case when the same writer advises the following means of preventing it: “Immediately after the clamping and burning have been completed, six or seven radiating incisions through the skin, well into the subcutaneous tissue, are made with scissors.”

Here, then, we have an operation which is almost painless in the hands of some, attended by such suffering in the hands of others that a second operation almost as serious as the first is advised to overcome it, and the only possible explanation is to be found in the technique.

I can hardly add anything to the description of the operation as done by myself that will make it any plainer. The technique is hard to convey in words, and should be seen. But the chief difference between operators lies in the way the clamp is used, and I may convey a new idea on this point when I say that I have often done the clamp operation without the clamp at all, but with an ordinary pair of broad-ligament forceps, just strong enough to hold the stump while it is being sealed with the cautery. Again, I have many times put the clamp gently on to a large prolapsing pile, cut it off, and cauterized the stump in my office without even a local anesthetic, and without sufficient after-pain to confine the patient to the house. And I have seen exactly the opposite of this—a strong man get a portion of the rectum into the clamp, and lay out his strength upon it, until no amount of local anesthesia would control the deadly suffering at the time, or the bruised pain for days afterward. It is, in fact, the clamp and not the cautery or the cutting which causes the pain when the operation is done without general anesthesia, and the patient can describe his own sensations; and it is the clamp which causes the bruising and the edema; and no such use of this powerful instrument is necessary. It would be very easy to invent a much less powerful instrument which would answer the purpose equally well, and do less harm, for no more pressure or power is necessary to control bleeding from a pile than from a small artery anywhere else which has been cut, and is seized with artery forceps, and held till tied. This is the only

function of the clamp, except that because we use the cautery a forceps with broad blades is a convenience and protection to adjacent parts.

Another point in technique which can not be too strongly insisted upon is that the clamp and cautery operation is essentially a cutting and dissecting procedure as is the ligature, and not a crushing, squeezing and burning method.

Before the clamp comes into play at all the pile should be freely dissected from the submucous layer with scissors, beginning at the lower part of the tumor and working freely upward until only a pedicle remains in which are the chief vessels. On this pedicle only is the clamp to be used, and to it is the cautery applied. A ligature answers as well, and if my own operations were followed by any such suffering as is described, I should abandon the clamp forever in favor of the ligature, because it is only to avoid pain that I use the cautery in preference to the ligature at this stage. Of course it is plain that performed in this way only the upper end of the incision is cauterized and clamped, and that is all that is necessary. It may be that this is the usual technique with my confreres. I am not in the habit of seeing them operate and I do not know. If it is, I cannot understand the suffering, and I have heard curious stories of seizing large masses of tissue at the margin of the anus with the clamp, cutting them off and cauterizing the stump, without any previous dissection; and I can imagine no method more likely to cause intense after suffering. Another little point is the time and trouble spent in screwing the blades of the clamp tightly home, as though if this were not done there might be fatal hemorrhage. My own clamp became minus the screw attachment several years ago, and it has never been replaced.

To put the thing in a word, my own clamp is used only as a broad headed artery forceps, and is not meant to crush or to squeeze beyond the amount necessary to keep an artery from spouting until it can be sealed by the cautery.

There is but one other point which occurs to me as a source of suffering—the packing of the rectum with gauze, which I am told is often done. In my own prac-

tice, no dressing is used except a little cotton over the anus, tied in place by a T bandage. The cutaneous edges of the dissection I make will bleed unless pressure is applied, hence the pad, which will always check any hemorrhage at the margin of the anus. As for bleeding within the rectal pouch, I never see it; because the work with the cautery is thoroughly and carefully done; therefore, I never provide against it; and therefore, there is no wad of gauze inside the rectum to cause suffering by its presence and greater suffering by its removal.

I can only express the hope that these simple statements may do good, as I believe I have had much to do with popularizing this particular method in America. But I only took it up in preference to the ligature because with me it caused less after suffering; and if this is not the case with others, I should certainly advise for them a return to the other method. The clamp operation is no safer, no more radical than the ligature, and when followed by such pain as is described, it is inferior to that procedure. With me it is still the ideal treatment, having but one objection, the necessity for general anesthesia.

After a good deal of experience, when a patient wishes to be cured of his piles at once and forever, with the minimum of pain, and the greatest certainty as to time, suffering, and permanent result, if he submits to my advice, and does not balk at "operation," he goes through the clamp and cautery operation. And this is not because I am not quite conversant with all the other makeshifts, in the way of local anesthesia, and office treatment, many of which are most satisfactory up to just a certain point.

Given a prolapsing pile, nothing is easier than to inject it with water, or cocaine, or eucaine, and tie it off or burn it off, and the result as to that particular pile is perfectly satisfactory.

Given a case of several piles, which do not protrude, with varicose condition of the cutaneous margin of the anus, which will swell up on straining to the size of your thumb, piles which are not isolated, nor, so to speak, pedunculated, and which can not be properly reached and handled without a preliminary dilatation of the

sphincter, and twenty-five years of practice has failed, as yet, to show me any method of treatment as painless, and as satisfactory as the clamp and cautery.

18 East Twenty-Ninth St.

[Written for the MEDICAL BRIEF.]

Prostatic Hypertrophy: Its Relief by Perineal Operation.

BY BRANSFORD LEWIS, M. D.,

President of the Mississippi Valley Medical Association; Professor of Genito-Urinary Surgery, Marion-Sims-Beaumont Medical College; Genito-Urinary Surgeon to Deaconess' Hospital; Consultant in Genito-Urinary Surgery to the Female Hospital, City Hospital, Rebekah Hospital, etc.; Member of the American Medical Association; Member of American Association of Genito-Urinary Surgeons, American Urological Association, etc. St. Louis, Mo.

The general practitioner in a given case of urinary disturbance wants to know whether it is a case of prostatic hypertrophy with obstruction, or of stricture of the urethra with obstruction, or simply inflammation of the bladder without obstruction. These are the three conditions which he wishes to differentiate in cases of elderly patients suffering from urinary troubles.

Fortunately it is not difficult to arrive at a diagnosis in these respects. Where prostatic hypertrophy is suspected the finger is introduced into the rectum, and it is easy to determine whether the prostate is larger than normal or of a normal size and outline. If one finds that it is considerably hypertrophied that does not always denote obstruction. A patient may have a hypertrophied prostate with absolutely no obstruction from it. To determine, then, whether there is obstruction, we have the patient void his urine (all of it that he can) into two glasses. Immediately afterwards he is placed on a table and a soft rubber catheter of good size, say 25 F., is introduced into the bladder and the extent of obstruction is shown in the amount of urine that has been retained. If three ounces of residual urine are drained off by these means, that indicates only a moderate amount of obstruction. If fifteen ounces are retained after a voluntary effort at urination, that indicates an obstruction considerably greater

in degree. If a soft rubber catheter is passed easily through the urethra without meeting any obstruction, that in itself eliminates stricture of a degree sufficient to account for that much residual urine.

The kind and shape of outgrowth from the prostate that is producing this obstruction can only be determined definitely by means of a cystoscope. I have had one constructed for this purpose which gives a retrospective or backward view. It is placed in the bladder and enables one to look toward the prostate, and plainly shows the outlines of the prostatic overgrowths, their location, and whether the projection causing the obstruction is on the right or left side, or is posterior or anterior to the urethral opening; its size and other characteristics are thus determined by the cystoscope before we enter the bladder by incision.

As to the accompanying conditions that are often not only so troublesome, but so dangerous to the individual, we must diagnose involvement of the bladder, inflammation of the kidneys, in relation to infection and inflammation; in other words, surgical Bright's disease, etc., etc. This is determined by a microscopic and chemical examination of the urine. If there is a large amount of albumen present, low specific gravity, and a large quantity of pus, of renal epithelium and casts, it is certain that the kidneys are involved to a serious degree. If there are no albumen present and no casts, a normal specific gravity, and a plentiful quantity of urine, then, even though there may be considerable pus in the urine, serious involvement of the kidneys is not necessarily indicated, as the pus present under such circumstances probably comes from the bladder, due to the inflammation and infection of that organ.

These points necessarily have a bearing on the determination as to whether an operation is advisable or necessary. If there is serious involvement of the kidneys, that causes us to defer an operation, or possibly resort to palliative measures. It is a fact that latterly palliative measures have been used, by which patients are improved sufficiently to bring them within the scope of an operation. I refer to regular catheterization or washings of the bladder, or leaving a soft rubber catheter

within the bladder for several days at a time, temporarily restoring the patient to a condition to meet the depressing effects of a more radical curative operation. We cannot expect to reclaim an old patient permanently from his prostatic condition by any such palliative measures. Possibly we can prevent his growing worse and give him a certain degree of comfort, but palliative measures cannot be relied upon as offering any promise of cure. If a patient wishes to be cured he must be operated upon by one of the various methods now in use. Fortunately, modern surgery has so simplified technique and lessened the depressing effects of operation that vastly greater satisfaction is derived from operative measures with much less serious effects than was formerly the case; and benefits are now offered to men above the eighties in age, and to old men in a serious state of depression from prolonged disease effects, and they are carried through to a successful termination and restored to a condition of health that is highly gratifying, not only to them, but to the surgeon. A number of old men have expressed themselves after they have recovered from operative measures as being able to urinate as freely, satisfactorily and comfortably as ever before in their lives.

Operative measures resolve themselves into three classes. First choice, perineal prostatectomy; second choice, suprapubic prostatectomy, and third choice, electro-incision, the latter including the Bottini operation as practiced by Freudenberg, of Berlin; and perineal electro-cauterizations, as practised by Wishard, of Indianapolis. Castration is not worthy of further investigation or discussion.

Perineal prostatectomy offers by far the best chance of these three for a permanent cure, and is probably the safest operation.

After general anesthesia with the patient in the extreme lithotomy position, a sound is placed in the urethra as a guide, and an inverted V incision is made downward through the skin, and by blunt dissection we reach the urethra, open it by a longitudinal incision of three-quarters of an inch, withdraw the sound from the urethra and pass the index finger through the urethra into the neck of the bladder.

We usually find a marked constriction of the neck of the bladder, in addition to the variously-shaped outgrowths from the prostate; this constriction is removed by the use of a uterine dilator, rendering investigation with the index finger easier and more complete. A Young's tractor is inserted through the opening in the urethra into the bladder, is opened and then drawn on to bring the prostate further down into the perineal wound. This permits of satisfactory exposure of the prostate. The capsule is incised longitudinally on each side of the urethra, the incision being deep enough to get through the capsule, then with periosteal elevator the capsule is freed from the periosteal tissue, first on one side then on the other. In some cases this enucleation process is quite easy, in others extremely difficult, and may have to be replaced by other measures, such as biting or gouging out with forceps. However, the endeavor is made to peel out or enucleate the two lateral lobes, at first by the periosteal elevator, and later by means of the index finger, counter pressure being made all this time by the tractor, which is retained in the bladder. When the lateral lobe, first attacked, is separated on all sides except that next to the urethra, it is severed at this point by means of a scissors, unless it peels out easily. Then the opposite lateral lobe is attacked and removed in a similar manner. Usually there is a third point of obstruction to be removed, the so-called middle lobe, that is depressed into the opened prostatic capsule by means of the left index finger inserted into the bladder, and is peeled out in the same manner. Continuous drainage for the bladder is obtained in the following manner: Two soft rubber catheters, a large one and a small one, are tied together by means of a silk ligature, and inserted into the urethral opening into the bladder; plain antiseptic gauze is packed into the cavities left by the removal of the three portions of the prostate. This packing must be sufficiently tight to prevent any oozing of blood but not tight enough to cause pressure on the rectal wall. This is especially important because a continuous pressure of such gauze packed to an undue degree is likely to cause a slough of the bowel wall

and a recto-urethral fistula, which is very difficult to manage. A pad of gauze and cotton and a T bandage completes the dressing, and the patient is quickly removed to his bed. Continuous drainage is provided by attaching rubber tubing to the smaller catheter, which conducts warm water from a water bag into the bladder, the outflow is through the larger catheter, and this is connected by rubber tubing, emptying into a large bottle. The fluid is allowed to flow in a slow stream for the next twenty-four hours. This is a delightful provision, as it not only prevents the formation of clots in the bladder, which may become a very troublesome affair, but provides against the lodgment or retention of infective materials, either pus or blood, so that under this arrangement there is no elevation of temperature, much less any danger of chill or fever. The patient revives from his operation, and in two or three days will feel better than he has, perhaps, felt for months. He is usually able to sit up in bed after the third day, and may be removed to a rolling chair after a week. The drainage tubes are removed in from four to seven days. The urine then draining for a time through the perineal opening wets the dressings and a transitory stage of discomfort is reached. With the gradual closure of the perineal wound this discomfort is ended, so that in a week or ten days the passage of urine is intermittent, and more or less under the control of the patient.

The next point of importance is the closure of the wound itself, which permits the urine to go out by the normal route, through the urethra. At the same time measures must be taken toward securing regularity and smoothness of the urethral channel in the prostatic neighborhood, especially if a considerable portion of the prostatic urethra has been removed with the obstructing outgrowths. This is secured by the regular use of sounds of good size, every three or four days. If success has been attained by the operation the patient is not only able to hold his urine until convenience permits of evacuation, but he is able to void it, something he may not have been able to do for years. As to whether he does empty his bladder

or not can be easily determined by using a soft rubber catheter after voluntary micturition. A half ounce of residual urine is not objectionable; indeed, such residue may be often found in persons with no urinary trouble. The test of success in operation, therefore, is as to whether the patient empties his bladder with satisfaction, urinates less frequently than formerly—say five to eight times in twenty-four hours—and is free from his various symptoms. It may be necessary for him to wash the bladder for some time after such operation. That is easily accomplished and is not a troublesome affair under the new conditions prevailing. It consists in simply applying the nozzle of a fountain syringe to the meatus, allowing warm solutions to pass into the bladder, without the necessity of using a catheter or other surgical appliance. This treatment the patient can carry out in his own home.

Century Building.

[Written for the MEDICAL BRIEF.]

Lung Development—The Lungs Both Give and Take.

BY THOS. BASSETT KEYES, M. D.,

Of Butternut, Wis., during the summer months; of El Paso, Texas, during the winter months; Professor of Tuberculosis, Jenner Medical College; Chairman of the First Organization Committee American Congress of Tuberculosis, and one of the Vice-Presidents of the International Congress of Tuberculosis, St. Louis, 1904; Editor of "The Tubercle" (a journal on Tuberculosis) from 1897 to 1902; Medical Director Camp Keyes, an Out-of-Door Camp for the Tubercular, in the Piney Woods of Northern Wisconsin (established 1900), etc. Chicago, Ill.

[Warfare—Paper No. 4.]

It is agreed that when the lungs once become actively diseased any exercise which is at all violent, or if carried too far, will result in injury, as it will often produce fever and extension of the disease; on the other hand, if the disease is not active he may do much to develop the capacity of the remaining healthy tissue, and the elasticity of the chest walls and articulations of the ribs.

Healthy lungs are often exercised too much and their vitality injured. At the meeting of the State Medical Society of

New York (Trans. of the Med. Soc. N. Y., 1886, p. 115) Dr. Ely, presented a paper on pulmonary gymnastics, saying that physicians in general practice frequently see patients with deficient pulmonary capacity, due either to lack of adequate chest development or to conditions of a chronic nature which compress or condense the air cells, and that if any real benefit was to occur from the employment of pulmonary gymnastics it would only be obtained after months of faithful practice; further, he says: "To recapitulate: Among the remedies in many conditions of defective chest exhaustion, inherited or produced by disease of a latent or inactive character, pulmonary gymnastics should be accorded a prominent place. They are contraindicated in all acute diseases of the lungs." In the discussion which followed in regard to the above-mentioned paper, Dr. A. L. Loomis says: "One word in regard to pulmonary gymnastics, a subject raised by Dr. Ely. When much younger I gave a great deal of attention to this matter, believing that it would prevent the development of latent phthisis in my own case. I became convinced during college that gymnastics, when practiced while the health is below par, enfeebled rather than strengthened the respiration, and increased the liability to catarrhs, etc., so that unless one is in first-rate physical condition I think the proposed plan of pulmonary gymnastics, if carried out, will be more liable to do harm than good." "As regards pulmonary gymnastics in pleuritic adhesions and pulmonary phthisis, that is another matter." "As to college training, rowing, gymnastics requiring prolonged muscular effort which young men are being put through at the present time, it seems to me that it is laying the foundation for a great many cases of cardiac disease; and from my own personal observation I find that phthisis is developed in a large proportion of the prize men at college, the men who head the nine. These are men who overstrain during the development period, and the men who are afterwards subjects of pulmonary phthisis. Within the past two or three years I have been keeping records, and I have been astonished at the large number of that class of men who develop phthisis or cardiac

disease; and I believe it is nothing more or less than an overtaxing of the respiratory and cardiac organs during the development period."

Lungs Give and Take.—Let us pick up the threads from where Dr. Loomis left them and see what is to be deduced and how the lungs are to be properly developed. In the discussion we are told that too much lung exercise is not beneficial. I maintain that the reason for this is that the lungs both give and take, and that the exercise must be proportioned to the food eaten which is to be oxidized. The lungs give oxygen to the blood, but they take away watery products, carbon and other matters. The oxygen unites with the blood and produces chemical changes in the body tissues, principally of which are the heat-producing foods, fat in particular, then if there is not a good supply of the heat and force-producing foods in the diet, and a good store of fat in the tissues, other more vital tissues will be drawn upon, and be oxidized or changed and given out through the lungs as carbon for the oxygen which has produced the change. If this goes on and the body be not well nourished and able to withstand this oxidation of tissue, then the system may become bankrupt, for the more vital tissues must yield to the chemical action until finally even the blood must yield itself for oxidation and, as a consequence, a diminution of its constituents.

The stoker or fireman has not only raked away the cinders, but he has also burned up the supply of heat-forming tissue (reserve fat), and if the exercise has been carried too far he exhausts the engine itself, burning up its vital tissues. Fortunately, when this happens the machine becomes too weak and exhausted to carry on further exercise and recuperates readily if not overtaxed, but proper heat-producing foods must be supplied in just such abundance as not to allow the exercised lungs and increased oxygen to consume the body tissues, but to consume the fat eaten in our diet in sufficient quantities to supply the tissues, and their force and heat. As evidence of this we know the effects of cold, and the rapid breathing of high altitudes, which, when not counterbalanced by proper food, leads to perni-

cious anemia. If we take more exercise than consumes the fat of our diet we weaken our lungs; therefore, development of the lungs by exercise must be proportionate to the amount of tissue-forming and oxidizable foods which we eat.

Fat once taken into the system departs almost entirely by way of the lungs, in the form of carbon and hydrogen. That fat foods have the greatest influence in the development of the broad, flat, healthy chest I am thoroughly convinced from the observation and study of many individuals. Lungs develop according to their work, and since they both give and take it is reasonable to believe that both functions are as important, the one to the other. The narrow chest is common to those people, more particularly, who do not eat a plentiful supply of fat, and who are descendants from parents who do not eat sufficient of these foods.

Exercise Must Be in Just Proportion to Nutrition.—So far we have tried to make it plain that development of the chest by exercise must go "hand in hand" with a proper diet, particularly of those foods which are oxidized and eliminated by the lungs, and when the relation is maintained exercise in just proportions is beneficial.

If young people were taught the value of proper food and taught the correct way of breathing the lungs would develop accordingly, and the resistance from disease would be increased, and it is very important that the young be taught the correct way of breathing, for then when carried on correctly there will be an increase of appetite and of the vital functions, providing this appetite is supplied with proper food; there will be a greater lung capacity, and increased movement in the bony articulations of the chest, and by correct method of breathing and a just proportion of proper food we regulate the general blood and lymph circulation, for every protoplasmic unit of the body must have its essential quantity of oxygen, but that protoplasmic unit must be there to unite with the oxygen in such an abundance that the body will not be defeated, then in return for the oxygen it yields its products of activity. Proper breathing and proportionate food is, therefore, of the utmost importance.

Methods of Breathing.—There are three types of breathing which have been described as normal; first, the diaphragmatic; second, lower costal; third, total costal. The first two may be entirely independent and distinct forms of breathing, and the third form may be distinct and independent of abdominal or diaphragmatic breathing. Each one of these forms of breathing has had its advocate, and each has been developed distinctly, according to various views and methods, as aids in singing and oratory, but for the healthy well-developed body there is but one way of breathing, and that is by combining the three. With each inspiration the abdomen should raise, the lower and upper chest wall should expand and raise. By this method of breathing it will be found that the well-developed individual, without practice, will be enabled to inhale (by actual measurement) about one hundred cubic inches of air more than by a combined lower costal and diaphragmatic breath, and about two hundred more cubic inches of air than by a pure diaphragmatic breath.

Breathing Exercise.—Breathing exercises, as previously stated, should never be carried to extremes. A very good method of exercise to teach the young to breathe correctly is to have them lie straight on their back, placing a book or other article over the umbilical region, and with each inspiration the book is to raise, together with the ribs of the lower and upper chest, which are to raise and expand, thus teaching a combination of the forms of breathing.

Indications for Exercises.—Various exercises are particularly indicated where there is permanent ossification of the upper costal cartilages and lack of mobility in the articulations of the clavicles and articulations of the ribs. Other exercises will be found beneficial to promote a greater range of movement, such as slowly swinging the arms, raising the shoulder, and rotation of the shoulders forward and backward, which must be carried out systematically, in order to derive health from them, but first teach proper breathing and diet.

I do not wish to go into the forms of exercise which I have employed in development of the chest, as my main object has

been to impress more particularly that development of the lungs and their resistance from disease must be by a proper portion of exercise to the oxidizable, heat-producing foods, particularly fat foods, as they are principally excreted by the lungs in the form of carbon in exchange for oxygen, and may be drawn upon to supply the extra oxidization, heat and energy for movement and exercise, otherwise such must be drawn from the body to deplete, rather than strengthen, the tissues and resistance to disease.

A cold, dry, invigorating climate, with moderately high altitude (about fourteen hundred feet) and plenty of exercise, I believe most conducive to healthy lung development, if combined with proper diet, the principal part as omitted by the consumptive being fat foods; if such foods are omitted, cold climate, high altitudes and exercise are not beneficial, unless they give appetite for such foods and they are added to the diet.

92 State Street.

[Written for the MEDICAL BRIEF.]

Report of Two Cases of Uremia of Pregnancy.

BY H. G. NICKS, M. D.,

Professor of Pediatrics in the St. Louis College of Physicians and Surgeons,
St. Louis, Mo.

While these cases present little that is new in the etiology of uremia of pregnancy, I report them mainly for two reasons: First, the difference in the onset; second, the large amount of albumen.

Case 1.—Mrs. R., aged twenty-six, second delivery. History: hysterical girlhood; "accouchment a force" about two years ago for uremia; since then nervous and neurotic symptoms abound.

I was engaged to wait on her about the sixth week of pregnancy. She was then reported to have tumor of the womb, and had been advised to have tumor removed. I urged interruption of pregnancy, which was refused. Patient did well to the seventh month, and at that time left the city for a short vacation. Had not been away over five days when I received a telephone message, announcing that swelling of the face and head

had appeared. I urged an immediate return home, and attempts were made by purging, diuretics, and sweating, to arrest the general edema.

The conditions, however, gradually became worse, and the patient became delirious. The urine was of light color, specific gravity varying from 1009 to 1012; albumen by Esbach's method, one per cent, gradually increasing to two per cent within seven days. The patient was now delirious and unmanageable, so I decided to deliver. The usual carefully sterilized catheter was inserted, and a sixteen-hour wait ensued. At the end of that time the os was dilated to about the size of a silver dollar. The patient's condition was alarming, and the edema was so great that the pulse could only be found with great difficulty. The patient was anesthetized with chloroform and delivered. An enema, consisting of one pint of normal saline solution was given. During the night the patient rested quietly, and the following day she was rational. Examination of the urine showed specific gravity of 1012, albumen one-half per cent. Twenty-four hours later albumen had disappeared.

The second case was of a more violent type, and the end was disastrous.

I was called at about one A. M., to see Mrs. W., age twenty-nine. I found her complaining of violent pain referred to the epigastrium, and vomiting. I examined the abdomen, and was surprised to find a pregnancy of about eight months. The vomit consisted of watery matter and large masses of unmasticated and indigestible food.

My diagnosis was acute irritative gastritis—prescribed accordingly, and returned home. I had just arrived home when I was again called to see this patient. She had alarmed her family by a first convulsion, and at that time was partially delirious. My fears were at once aroused. I consulted with her husband, and when remedies proved unsuccessful, I catheterized her, obtaining about two ounces of dark urine, which after treatment showed a cloudiness. The convulsions were becoming more frequent. Dr. Potts was called in consultation; a careful examination was made, and a

forcible delivery was decided upon. All movements of the child had ceased.

She was taken to the Baptist Sanitarium and delivered.

She was given enema (high rectal) of one quart of normal saline solution.

Instructions were left to control convulsions by chloroform inhalations, and to catheterize every six hours, and twenty centigrammes of croton oil to be given one hour later.

The enema was not retained. About eleven P. M., hypodermoclysis was resorted to. Next morning the patient was rational, convulsions had ceased, but the lungs presented symptoms of edema.

I was called at 8:30 P. M., and was informed that the patient was dying. I hastened to her bedside, and found that the convulsions and pulmonary edema had caused her death. The urine of this patient presented some peculiarities. That which was first drawn in the early morning containing but two per cent of albumen, that drawn late in the day, eight and one-half per cent; gravity 1020

333 Goodfellow Avenue.

[Written for the MEDICAL BRIEF.]

Medico-Legal Examinations.

BY E. E. MOSS, A. M., LL. B.,

Professor of Legal Medicine in the Medical Department of Arkansas University,
Little Rock, Ark.

The most frequent occasions when physicians are called in to aid the court in arriving at a legal conclusion is in cases of homicide, or in injuries to the person.

In conducting a medico-legal examination, it is of the utmost importance that the physician should use extreme care, and that his testimony be given with absolute certainty. In order that he should be so prepared, he should have a note-book at hand in making his examinations, and record everything in detail, however minute, concerning the case under consideration. He must not only discover the cause of death or injury, but he must be able from his examination to negative every other cause.

The examination should be made at the earliest possible moment after the death or injury. The physician should examine

carefully the locality, evidences of struggle, blood stains, condition and position of the body, clothing, condition of the hands and nails, weapons, bottles, and everything in the room surrounding the body. If an infant, the size should be ascertained, hair and nails, and every feature noted which will lead to positive evidence.

In cases of suspected poisoning it is of the utmost importance that no possible doubts should arise in reference to the parts of the body which are removed for chemical analysis. In cases of this kind it is imperative that the physician should be accompanied by another physician, or if not available some responsible person, who shall be present while the physician performs his autopsy. It is equally imperative that the parts removed should be placed in securely sealed glass jars for this purpose, and so transported to the chemical laboratory that there can be no possible means of contamination or outside interference.

It is an easy matter for the physician if he has his facts well in hand to be on his guard, and to give intelligent testimony at all times. If he is not properly prepared, he is very often in danger of meeting a lawyer who has given weeks and possibly months of study to the exact subject in hand, and who will put him in a ridiculous light before he is aware of it.

In giving his testimony, it is necessary that the physician should, as far as possible, eschew all technical terms, and state the facts in language which is intelligible to a jury, which is necessarily composed of laymen.

301 West Markham Street.

[Written for the MEDICAL BRIEF.]

Prostatodynia.

BY E. W. P. DOWNING, M. D.,
Franktown, Va.

This painful affection is not mentioned as often as coccygodynia, but is just as serious an affection to those who have the misfortune to endure this dull aching pain. It is usually due to the pressure of a loaded rectum, and the relief given by a cold water enema, which unloads the bowels effectually is complete, and gratefully acknowledged by the patient.

[Written for the MEDICAL BRIEF.]

Adenoid Vegetations.

BY THEODORE COOKE, JR., A. B., M. D.,

Professor of Diseases of the Eye and Ear in the Baltimore University School of Medicine; Ophthalmic Surgeon to the Baltimore University Hospital; Surgeon in Charge of the Maryland Penitentiary; Fellow of the American Medical Association; Member of the Baltimore Medical and Surgical Society; Member of the Maryland Medical and Chirurgical Faculty, etc. Baltimore, Md.

The term "adenoid" is unfortunate, as it is anatomically incorrect. Formerly it was supposed the hypertrophy was made up of secreting glandular tissue, hence the term "adenoid." At the present time this is known to be incorrect. Under the microscope this hypertrophy is found to be covered with a stratified columnar epithelium. Deep furrows cover the surface, from which exude a mucous secretion. Lymphoid cells, massed into nodes, with internodal spaces of a low form of connective tissue, make up the bulk of the growth. This hypertrophy obstructs the passage of air through the nose, interferes with sound waves that should pass through the nose, and impairs the sound board functions of the pharynx. Hyperemia of the surrounding mucous membrane occurs, extending to the mucous membrane of the eustachian tube and middle ear, causing closure of eustachian tube, retracted drum-head, and eventually setting up an inflammation in the middle ear. This loosely connected lymphoid tissue is a splendid receptacle for micro-organism, especially in those forms of infectious or contagious diseases involving the mucous membrane of the pharynx and lungs. The pneumococcus, streptococcus pyogenes, bacillus diphtheria, etc., locate here, forming a nidus from which inflammation extends to the nose in front, the middle ear in the rear, and through the middle ear to the brain.

The blood vessels are few and atypical in structure, while the lymph vessels lie at the bottom of the furrows, as in the solitary follicle of the intestine. The circulation of the lymph is very sluggish. As there is a very close anatomical relation between the lymph vessels of the naso-pharynx and those of the brain, a

sluggish lymphatic circulation in the naso-pharynx causes the lymphatic circulation at the base of the brain to be sluggish, giving rise in the patient to a loss of the power of concentration upon any one thing (aproxexia) and mental hebetude. Sometimes cysts are found in these hypertrophies. In adults the tendency to connective tissue formation is greater than in children, therefore these growths are harder in adults than in children. In long-standing cases the superior maxillary bone becomes contracted, the roof of the mouth narrow and highly arched from constant mouth breathing.

Children may be born with this hypertrophy, especially when the parents have syphilis, tuberculosis, etc. Usually occurs during the period embraced between the fourth and tenth years, especially in children with bad sanitary surroundings, and with a tendency to scrofula, tuberculosis, lymphatism, etc. The exanthemata, diphtheria and diseases involving the nose and pharynx are the exciting causes.

The first symptoms of adenoids are recurring colds in the head, a stuffing up of the nose, and a tendency at times to a muco-purulent discharge. On inquiry, find that the patient sleeps with the mouth open, and snores. Examination reveals the expression peculiar to a mouth-breather (parted lips, dilated nose, broadened bridge of nose, protuberant eyeballs, and an appearance of listlessness and imbecility, owing to the loss of expression). May have impaired breathing, lack of resonance of voice, deafness, and, in marked cases, aural discharges, nose bleeding, night terrors, nocturnal incontinence of urine and aproxexia. The contraction of the superior maxillary, thereby narrowing the mouth, causes the second teeth to be crowded.

It is noted, by placing the finger at the anterior nares, that when these hypertrophies, which fill up the vault of the pharynx, thereby closing the posterior nares, are present, the air does not pass through the nose as it should. The patient may be directed to blow out a burning match placed beneath the anterior nares with a current of air forced through the nose. If not successful, indicates that the passage of air through the nose is interfered with. Examination

with the rhinoscope is very difficult in children, but when used, find the growth in vault of pharynx, at times closing completely the posterior nares, filling the fossa of Rosenmuller, and extending downward into the pharynx. Digital examination reveals in the vault of the pharynx a mass of soft jelly-like consistency, whose furrowed surface feels like a "bagful of earthworms." It breaks down and bleeds from pressure of finger. Often the positive diagnosis is made with the removal of the hypertrophy.

If the patient is tuberculous and sanitary surroundings bad, the involvement of the middle ear and brain may cause death. These hypertrophies complicating diseases of the respiratory tract, the exanthemata, diphtheria, etc., may exert an unfavorable effect. In cases of long standing there is always impairment of the physical and mental development. Usually after puberty the lymphatic hypertrophy tends to atrophy. The only treatment of adenoids is the removal by a simple, safe, and painless operation. Sprays, caustics, the galvanic cautery, etc., have been employed, but their utility is doubtful. It is important that the growths be removed early, as there are ever present the dangers of ear complications, brain involvement, deformities of the jaw and mouth, and greater liability to the contagious diseases. There is no operation in the whole domain of surgery so simple, yet attended by better results than that of removing these hypertrophies.

General anesthesia is never induced except with children of a very nervous temperament, as the operation is nearly instantaneous. If anesthesia becomes necessary, ethyl bromide is preferable, because of its transitory effect. Local anesthesia, by cocaine, is usually sufficient. The instrument used is either the finger, curette, or the adenoid forceps.

If local anesthesia is induced, the child is wrapped in a sheet, and held by the nurse, so that the child squarely faces the surgeon. An assistant should steady the head. When the mass is soft and spongy, the finger, protected by a metal finger guard is introduced into the pharynx behind the soft palate, and scrapes away the growths with the nail.

When the hypertrophies are scattered about the pharynx in nodules, the curette is used. The tongue is depressed, and the instrument is passed back of the palate, removing one by one the independent vegetations. When the mass fills up the entire vault of pharynx the adenoid forceps are used. This instrument is passed behind the palate to the vault of pharynx, as the curette was introduced, its blades opened so that they will include the whole vault of the pharynx, then closed on the hypertrophied tissue lying therein. May also use the wire snare through the mouth in the same manner the curette was used, or through the nares. If general anesthetic is used, the patient is laid on side so that blood can not get into the larynx. A mouth gag is rarely required.

Complications following this operation are rare, if the surgeon operates aseptically. Bleeding at times might become serious. Pressure to the vault will generally control any hemorrhage. May injure the bone with curette. This instrument should only be used by those who are thoroughly trained, and only by them when they find the adenoid forceps insufficient.

The after treatment consists of keeping the naso-pharynx clean with a two per cent solution of carbolic acid or boric acid, and building up the health of patient, and correcting any constitutional dyscrasia. As tonics, cod-liver oil and syrup iodide of iron are recommended. Plenty of outdoor exercise, and change of surroundings are recommended. The sanitary surroundings are to be carefully looked after.

1808 North Charles Street.

[Written for the MEDICAL BRIEF.]

The Superiority of Liquid Medicines.

BY W. L. LEISTER, M. D.,

Associate Editor "American Medical Journal."
Rogers, Ark.

Some fourteen years ago the writer indulged the plea in one of the medical monthlies of that time that liquid medicines possessed many virtues over medicines in concrete form; that they were more readily absorbed; were assimilable

where solid forms were not, and that they would exert their characteristic energies rapidly, thus bridging many emergencies, when to await the slow process of dissolution of pills, granules, capsules, etc., in valuable time vital to the patient, would be lost. Continuous observation and research and experimentation along the line of forms of remedial agents best calculated and adopted to exert readiest favorable influence, have so strengthened my early views that the dominant idea above given has assumed the phase of settled conviction. The writer disclaims any senseless prejudice against any tablet, granule, capsule, pill or other dry formation; indeed, in this age of beautiful pharmacal productions, the practitioner can hardly refrain from giving them place on his list of remedial agencies, however close he may hold to tinctures, fluid extracts, or medicines in form of elixirs. In accepting any form of any designated remedy, the prescriber must know why it were better to give such form in a given case. To this whole question the following deductions must be referred.

In a recent issue of the *American Medical Journal* we gave expression to some conclusions bearing upon the question herein sprung, and we beg the indulgence of the editor of the MEDICAL BRIEF to present a word from that study:

"Given a case, say inflammation. We will make it inflammation of the stomach. The writer has seen a case with temperature of 108° F., with concomitants of no less proportional severity. All will admit that such case was critical, also that agents quick of action, yet safe in action, must be brought to bear."

"To proceed to direct argument we affirm that remedies in readiest form to give up and impart their energies must take precedence. Inflammation of the viscus spoken would mean involvement of mucous and gastric follicles, nerve loops, interstitial tissue and, perhaps, the myological strata. Undoubtedly such pathological involvement would allow of least ability on part of absorbents. Digestive and absorptive powers throughout this field would be next to *nil*. A concrete form—pill or granule—dropped in this caldron-like cavity, would adhere to one

spot. It would dissolve very slowly, if at all, and not before fluid had been poured in. Energy given out by it finally, would proceed from a very circumscribed area, yet it might paralyze nerve loops in that small plane. Again, a medicine in form of a granule is liable to fall into a sulcus and there remain during dissolution, resulting in cases in corrosion. Suppose, on the other hand, that a granule which is alkaloidal dissolve rapidly. The dynamical display to proceed from a very circumscribed point the effect might prove disastrous. Alleged engorgement of the liver is apt to get medicines in pill form. The writer has known the hard globes to pass undissolved. These cases were not inflammatory, but the digestive function was at low decline. If we might choose to give medicines in pill formation it would be in a case non-emergent, not inflammatory, but wherein there was food appetency as well as food digestive ability."

Pursuing this study further brings us to state that substances of little solubility, when reduced to a compact mass, often refuse to dissolve at all, or so slightly as to almost abort their usefulness in therapy. This specially applies to resinous materials and extractives, that once thrown out of solution are with great difficulty redissolved, but which, in form of solution become thoroughly and immediately disseminated in minute particles that are assimilated very quickly, under the large amount of fluids touching them. Again, compressed drugs of a violent or irritating nature are likely to create an inflammation when they lie in contact with a surface wherein they may settle in their course through the alimentary canal, and thus, especially in cases like typhoid fever, create a condition that may prove fatal to the patient. These deductions are not overdrawn. It behooves practitioners to pause in their mad rush for concrete and compressed forms of medicines, and rethink and reconsider the deeper phase of this question, that medical nihilism do not engulf another wing of the body medicale, thus resulting in further distrust of a grand essential in the handling of disease. The day that physicians of a certain school began to relinquish the use of fluid medicines, and

turn their attention to syntheticals and compressed substances, marked the advent of their distrust in medicines and their disappointment in medication, and led to the prominent use of mechanical means with which to ply the sick.

Whether a disease in question be one of excess, defect or perversion, it is evident that glands and nerves within the sphere of inflammation, congestion; whether of atony or irritation; we say, every gland and nerve is out of normal action. It is obvious that in prescribing known agents remedial, they should be in form to admit of readiest application. That no one plane involved can do much, the medicament must take form to come at once and evenly to as great area as possible, that the action may be spread out and thus impress many peripheræ simultaneously. Hereby we avoid the possibility of corrosion. We avoid the possibility of shock. We have called upon the greatest number of secernents, thus distributing energy of one remedy to glands and nerves as they, in their weakened capacity, may appropriate.

In conclusion, it may not be amiss to state that having been of these convictions for a score or more of years, it was but natural that we should hold to and adopt the use of liquid medicines almost exclusively. In the selection of the same we have been careful to choose the very choicest in form and quality and elegance, regardless of cost. Having been guided thus, our faith in the curative powers of medicines increases with the years of added experience.

[Written for the MEDICAL BRIEF.]

Marriage and Divorce.

BY R. C. BLACKMER, C. M., M. D.,

Professor Obstetrics and Legal Medicine at
Barnes Medical College,
St. Louis, Mo.

[Paper 2.]

In the most primitive state of family life, the male element is a transient one. The true family consists of mother and child. Cohabitation is periodic only. During this period, great and violent passion is displayed. The male fights to the death all other males which attempt to

interfere or trespass on his family preserves, and the female expresses great preference for the male of her choice. This period is measured by a few days, when their ardent flame dies, and the male takes up a solitary existence, only varied by occasional fights with other males, which at this time are usually few and far between. This may be said to be the plan of sexual union among most of the higher animals, and obtains among a few tribes of human beings. We read in Herodotus concerning the customs of the Amazons, a nation of women, who drove away all their male offspring at the age of puberty, and only associated with males of another entirely distinct tribe, and at certain brief seasons during the year. He spoke of these women as being very warlike, and maintaining their state of single blessedness by force of arms, which was not to be despised by the trained soldiers of Babylon and Persia.

It is not likely that Herodotus understood the correct principle of anthropology, which lay at the bottom of this manner of life, but he was a very penetrating old eavesdropper, and he told the good and the bad pretty close to the truth.

This periodic display of animal passion among human beings has, as civilization advances, become in a great measure extinct, though during the later days of the Roman republic and the early days of the empire, the Romans were accustomed to hold, annually, the feast of Venus, during which period all classes of society, from lowest to highest, gave themselves up to unbridled sexual debauchery, in which all ties, whether of marriage or consanguinity, were forgotten. From all accounts the devil was unchained, and pandemonium reigned.

This, scientific men believe to have been a lingering relic of a mating season, disfigured and polluted by religious excitement and debased morality of an effete and decaying people. Among savages living approximately in a state of nature, such periodic displays were to be expected, and it is only when they appear out of place, among a highly civilized race, that they appear ridiculous and obscene.

We believe the next stage in the evolution of marriage to be the marriage by

capture. Here the man and woman live together, bring up the children, each protecting and aiding the other. The families are widely scattered, living entirely by hunting and fishing. Real communities do not exist, because the food supply is too precarious. The young man at maturity leaves the home of his father and mother, and wanders until he sees near the abode of some other man a young woman that suits his fancy. There may be no wooing in the ordinary sense of the word, but at some general meeting of the people, perhaps for a general hunt, he may throw her a piece of meat, and she may admire his dexterity in handling his weapons in the hunt. He then picks out some cave, or erects some sort of an abode in the shape of a fortress against the other fauna of the forest, carries there such implements of household furniture as may be procured, and commences to lay in wait for his bride. It is just barely possible that when he finally pounces upon her she may not either fight or cry out to the utmost of her ability, but she is expected to make some considerable resistance.

He binds her and carries her away to his secluded home, and there guards her with great circumspection until she becomes habituated to her new surroundings.

If this sort of proceeding took place at the present time in the Southern States, the perpetrator would be burned at the stake, and his ears and fingers would be treasured up as mementos by some of the highly cultivated inhabitants of such localities. Many of the rapes which are perpetrated by a semi-savage people under the excitement of drink and idle life, are but a reversion to the original type. At certain periods the negro is barely half responsible for his conduct along these lines. It is likely that the best means of putting a stop to such ungovernable passion is to kill the exhibitor of it, but great care should be exercised to make such executions as private as possible, lest the sleeping savage be awakened in themselves, where it lies buried only a few generations deeper.

In the next stage of evolution, a rudimentary community has been ordained. Man has ceased to fight his battles alone,

but unites with a few closely related families for mutual protection. The separated homes may be clustered into a village, each family retaining its identity, or all may come to dwell in one large house. In the latter case, the general welfare of the clan is considered, and that of subordinate families allowed to deteriorate. In the patriarchal system, the father retains control over his adult sons and their children. Instead of breaking up as fast as maturity comes, and forming separate families of their own, the family remains together.

In this stage of society, marriage alliances with other powerful families become expedient, and for this reason polygamy becomes frequent. The marriage by capture is replaced by the marriage by purchase. Presents are exchanged freely, and the bride led home with rejoicing, and a marriage feast is given in which both families join.

The great thing in view, in this sort of community, is fighting strength. A son is considered far more desirable than a daughter, and the favorite wife is the one who bears a son. The marriage tie is subject to divorce for barrenness only, and very often the marriage tie is not thought binding until the wife has borne a child. If this event does not take place within a reasonable time, a second wife is certain to be taken, and the first will fall into disfavor, and likely be sent back to her father's house.

It is not infrequent that concubinage is practiced. These tribes or large families are continually at war, and the captives of battle become family servants, and wherever female slaves or serfs are retained in the households, as the property of the master, they nearly always sustain the relation to him of Abraham and Hagar, and in case the real wife has no son, and the concubine has a son, it is quite possible that she may become the favorite.

This relation was borne time and again between Southern slave owners and their female slaves before the war, in this country, as the large number of yellow faces will testify. In this sort of society, where the wife is divorced, she takes back with her the dowry which she brought to her husband.

We have some very quaint records of divorce, picked out of the large number of clay tablets discovered in the ruins of Ninevah. Some of these are more than ten thousand years old. We learn from these that in case the husband had redeemed the wife from slavery by paying her value to her master, the marriage contract provided a penalty, sometimes of death, if she ran away or left her husband. Such a wife was not usually divorced, but could be reduced to a very subordinate position. Any children she might have, however, were legitimate. When the wife brought a dower it was common to write a bill of divorce somewhat after this form: We will suppose the husband's name was Joseph, his wife's name was Naomi, and the place of her father's abode was Damascus: "I Joseph, of Nineveh, hereby settle upon my wife, Naomi, in testimony that she has ever been to me a true and faithful wife, the sum of two talents of silver, the same being the sum which she brought to me, as her dower, and the same shall in no case be taken from her, even though she remove to Damascus, or become the wife of another man."

This document would be transcribed three times upon a tablet, each copy being signed by Joseph and Naomi, and the priest of the temple, who officiated as a sort of notary. The tablet was then baked in the public oven, broken in three pieces, one piece being retained by Joseph, one by Naomi, and the other piece being kept in the public library at the temple, where it was found, thousands of years after, when the bones of Joseph and Naomi had long ago crumbled to ashes.

It took the best European scholars over a hundred years constant study before they were able to translate correctly the cuneiform characters in which these tablets were written, but at last the work has been accomplished, and we are now admitted into the very daily life of these people.

Among such tribes, polygamy never seemed wrong, though the household was constantly in the midst of quarrels and intrigues from the adherents of these plural wives. The necessity for large and powerful families, such as Abraham, Isaac, Jacob and Esau, had over-ridden every

other consideration. Though these people tended flocks or existed as robbers in the desert, they dwelt in the same camp, and when they erected a fortified town of sun-burned bricks, their manner of life did not materially change, for the greater portion of the year they continued nomadic.

The life lived by many of the tribes of American Indians resembled this state; the matriarchate was the basis that held the families together, both in the long house of the Iroquois, and in the pueblos of the Aztecs and Toltecs. In these great dwellings were often assembled thousands of individuals, all related in some degree on the side of the mother. The genealogies were always reckoned on this side of the house.

The heirs of a man were the sons of his sister, or his cousins, the sons of his maternal aunts. In these houses, the husbands of the women were considered as a sort of interlopers. They had no part in the common property of the house. He had no claim for support in old age on his own sons save through their charity, but he had a claim on his nephews, brothers, and maternal uncles.

A man never marries in his own house. Every communal dwelling was marked with a totem or heraldic device, generally named from some animal or bird, such as the wolf, the bear, the eagle, the tortoise, or the hawk. There were generally about eight or ten of these totems in a tribe or nation. Every man married outside of his own totem. All the children followed the totem of the mother. When a man of the bear totem married a woman of the hawk totem, the children would all be hawks.

Among these people, as among all races who dwell so many in family, the marriage tie is a very loose one, and divorce is common, but it is the man who is sent away, and not the wife. These large families dwell more harmoniously than when under the patriarchate, though the father have the power of life and death over all members of his household. The unmarried women are generally very promiscuous in their favors, but the married ones are generally chaste, unless where they have been subjected to white influences. They are people who usually conceal their emotions very carefully, and

the husband looks calmly on and sees the woman do the work of making camp, tilling the soil, preserving food, cutting fuel, etc., without lending any helping hand; still connubial attachment is often markedly strong. The man is expected to hunt and fight, and further than that he is not expected to exercise his muscles, and his squaw would despise him for lowering his dignity in any such menial occupation, but they have often been known to starve themselves to death when food was unobtainable in order that the wife and children might have enough to keep them alive.

What is known as the love choice has more to do with marriage among these people than among those who follow the patriarchy. The greatest chief may be the poorest man in the tribe, yet the qualities which make him great are so completely associated with his true manhood that he at once gains the admiration of the women of his tribe. He may throw down his blanket where he chooses, and it is pretty apt to remain there.

A certain traveler tells of a custom of marital separation that abides among the Sioux in some localities. These do not live in the long house or pueblo, but occupy tents, and the communal interests are not so marked as in other tribes which I have mentioned. The father has rather more authority over his household, and polygamy may be occasionally found. A husband may discipline his wife, and make her obey him if he desires, and her male relations are not likely to interfere. If his wife prefer another man to him, and makes up her mind to leave her husband, if she once gets inside the other man's tent, her husband will not molest her. He considers her the wife of the other man. But if he catches her before she gets there, while yet on the way, he may beat the stuffing out of her, and take her back with him. This seldom occurs, however, and domestic quarrels are very rare.

Parkman, the historian, spent many months among the Sioux, and relates one occasion when a squaw got very much out of patience with her husband over some trivial cause. She scolded him, threw camp utensils at his head, and finally in her wrath pulled the tent down on him.

He never moved or said a word, his head appeared calmly above the ruins still smoking his pipe. She grabbed the pipe out of his mouth and broke it, and started to leave the camp. He then rose, selected a good-sized club out of the numerous weapons with which the camp was strewn, and pounded her up in very artistic state. Parkman thought she would be killed, but she appeared working about the camp next day, as happy as need be.

Among the mountains of Thibet, on the borders of China and India, there is occasionally seen what is known as polyandria, a woman having several husbands. One form is characterized by all the women of one village holding themselves free to all the men of the other village, and *vice versa*. In this condition the communistic idea has been greatly exaggerated. In another form, when a man marries a woman, he marries all her sisters. Another form, when a man marries a wife, she is at the same time the wife of all his brothers.

Among the ancient Hebrews it was considered a man's bounden duty to marry his brother's widow, or even the widow of a more distant relative, as in the case of Ruth and Boaz. Again, it was not considered the least out of form for a girl to marry her uncle. It is found in nearly all of these communities that the men are absent from home nearly all the year, tending their flocks and herds in the mountains.

Our own race had its origin in the mountains of Persia and Afghanistan. Among the earliest records of Egypt and Babylon, there is note of a race, light-haired and blue-eyed, tall and giant in stature, who roamed the forests of the far north of Europe and Asia, deep drinkers, prodigious eaters, valiant fighters, and clothed in the skins of wild beasts they had slain, or going naked. These people had the habit of swarming, and when a village became too populous, a portion of the people would take their belongings and seek a home elsewhere. Among these people polygamy is never known. They finally filled the entire continent of Europe, and have never been driven out. The Arabians pushed their way into Spain, but were driven out at last. A few of the followers of Mongol,

Hengle and Kahn fought their way into Hungary, and became absorbed by the race they conquered. This is the only instance where their system has been injured.

6778 Manchester Avenue.

[Written for the MEDICAL BRIEF.]

Internal Hemorrhoids.

BY CHARLES J. DRUECK, M. D.,

Professor of Rectal Diseases at National Medical University and at Harvey Medical College; Attending Surgeon to Emergency Hospital; Rectal Surgeon to People's Hospital, Chicago; Member of the Chicago Medical Society. Chicago, Ill.

Internal hemorrhoids are varicosities of the middle or superior hemorrhoidal vessels, and arise entirely within the anus. They begin at the points of anastomosis between the portal and caval systems, usually just within the anus, and gradually extend up a variable distance to the larger trunks and plexuses. The causes and development of internal hemorrhoids are much the same as those of the external variety, and their appearance is very similar, although they differ in color. The internal hemorrhoids are covered with mucous membrane, and are bright red in color, except the old venous variety, in which the mucous membrane from exposure assumes a cutaneous appearance. A given patient, however, may have both external and internal hemorrhoids, and even all varieties of the internal, at one time.

Varieties.—There are two chief varieties, capillary and venous, although some writers include a third arterial form.

Capillary.—The capillary hemorrhoids are smaller sized tumors than the venous, and are rarely larger than the end of the little finger, and sometimes very much smaller. They consist of superficial vessels in the mucous membrane, the capillaries and veins, which in reality form an erectile tissue resembling an arterial nevus. They are spongy in texture, and resemble a strawberry in appearance. Early in their existence they have a granular surface covered with a very thin wall, and are, therefore, very liable to bleed. Later, plastic exudate and thickened areolar tissue covers the vessel, and hemorrhage is less liable. The gentlest exam-

ination, or even the passage of the bowel movement is sufficient to start hemorrhage. I recall a case which bled copiously, and on examination the pile was no larger than the head of a black pin. Excessive hemorrhage, particularly if spurring in character, is pathognomonic of the capillary variety of hemorrhoids. Frequently large amounts of blood are lost, and a number of deaths are recorded as resulting from this cause. Of course, a large capillary or arteriole is involved in such a case. This tendency to great loss of blood makes the capillary hemorrhoid much more dangerous to the patient than the venous variety. The capillary hemorrhoid may exist alone or associated with the venous variety, and a given hemorrhoid may be made up of both forms. It makes little difference in the radical treatment which variety is present, but in the palliative treatment this distinction is imperative; for the patient may become exsanguinated while the physician is temporizing with injections or the application of styptics. The capillary variety rarely protrude, cause any pain, or produce any of the discomforts which are attendant upon the other varieties of hemorrhoids. Hemorrhage itself is the cardinal symptom, and requires energetic, sometimes even heroic treatment.

Venous.—The venous variety is more common than the capillary, and consists of a large tumor about one-half to one inch across its base, with a mucous membrane covering, which glistens and is bluish or livid in color. Matthews reports seeing one as large as a small orange, and, of course, such a sized tumor would block up more or less the whole lumen of the rectum. The venous hemorrhoid is situated in the submucous connective tissue, and is formed of a dilated and varicose vein with its venous capillaries, together with its arterial capillary supply, for these tumors are not purely venous. The hemorrhage, however, is generally venous and not serious, at least in a healthy subject. Sometimes in an anemic or advanced tubercular patient the loss of even a small amount of blood may be alarming. In many instances the bleeding temporarily relieves the condition in plethoric, uremic, or atheromatous subjects. Bleed-

ing does not occur under ordinary conditions, and only rarely from the traumatism of the passage of constipated movements, but results from ulceration, and is usually oozing in character. Sometimes a cavernous blood space is opened by ulceration or laceration, and the hemorrhage may be quite severe.

With each bowel movement the hemorrhoidal mass acts as an obstruction, and the feces are forced through. This increased muscular action drags down the hemorrhoid and the adjoining mucous membrane until they prolapse, thereby increasing also the size of the hemorrhoid itself. Finally, when they have attained considerable size, they prolapse easily, and are difficult to replace, as they act as foreign bodies, and tend to excite the sphincters.

Symptoms.—Hemorrhoids sometimes exist for years without causing any symptoms, and again cause severe symptoms from the beginning. They probably set up more reflex nervous symptoms than any other disease. When they are of large size, they produce a sensation of fullness or distention of the rectum, as if some foreign substance were present. During defecation the tumor is forced within the grasp of the sphincter, and tenesmus is set up, with also a feeling of nausea and sickness. Sometimes the tenesmus is agonizing, and its daily repetition exhausts the patient. After each bowel movement he must replace the hemorrhoid with his finger, and in doing so is likely to induce a spasm of the sphincter. If the hemorrhoid is allowed to remain within the grasp of the sphincter, it becomes strangulated, and finally gangrene develops, and the hemorrhoid sloughs off. Thus Nature attempts to cure the trouble. Sometimes the slough or the surface beneath it becomes infected, and pyemia, with perhaps fatal results, is the termination, or an abscess develops, and a fistula is the sequel. If strangulation and sloughing do not occur, the sphincter gradually becomes relaxed, and the piles are forced out with coughing, sneezing, or stooping, and the piles remain out altogether. An acrid, irritating mucus discharges from the anus, due to the chronic proctitis, and keeps the perineum moist, and often excoriated, thus favoring the

growth of warty excrescences. External hemorrhoids also develop from the degree of prolapse that occurs.

Bleeding in some degree is a symptom of all internal hemorrhoids. It may be slight, a mere streaking of the passages, or profuse enough to cause fainting. Frequently hemorrhage follows each movement of the bowels for a while, and then ceases for several days or weeks, only to recur again about the time the patient thinks he is cured. This constant loss of blood produces an anemia very suggestive of malignant disease. Prolapse of the tumor always favors bleeding. In women a hemorrhagic flux sometimes replaces menstruation, and in apoplectic subjects, or those with atheroma, this periodic loss of blood lessens the tension of the blood vessels, and thus diminishes the tendency of the cerebral vessels to rupture. In such cases the prudent surgeon hesitates before removing the outlet.

Hemorrhoids of any variety are prone to exacerbations of inflammation, followed by periods of rest. During the inflammation they are very liable to ulcerate, slough, or develop abscesses beneath them.

When the tumor is swollen or strangulated, and actively inflamed, the sphincter alternately contracts and relaxes, causing excruciating pain, which lasts until the hemorrhoid sloughs off, is operated upon, or is relieved by local remedies. In old cases, the hemorrhoidal wall becomes tough and hypertrophied.

Diagnosis.—The diagnosis of internal hemorrhoids *per se* is quite easy, but the differentiation of the variety is much more difficult. Hemorrhage is the chief symptom, and may be either venous or arterial in both varieties. The patient's description is something like this: during defecation, and perhaps before the bowels have completely moved, a more or less severe hemorrhage occurred, which lasted for some time after he had finished his toilet; the blood came in spurts, and was bright red; a dizzy feeling came on, and he became pallid and clammy; there was little or no pain, and no protrusion to be seen.

With such a history, the rectum should be thoroughly examined in a good light, and with a speculum. The hemorrhoid may be small and elude digital examina-

tion, as it is soft and velvety, but with a speculum it can easily be found, because the stretching of the bowel in dilating with the speculum usually starts the hemorrhage afresh, and the blood spurts or bubbles from the hemorrhoid. This is the capillary hemorrhoid.

In another case, the patient says that after the bowels move, he has to retain his seat, because the blood continues to drop for several minutes, and if crowded for time he has to go about his duties with the blood dripping and soiling his clothes. Here the hemorrhage is less severe, because the connective tissue growth takes on a plastic infiltration, forming a thick covering, which can be torn only by such a considerable force as is only occasionally applied. The rectum feels as though it were only partially emptied, and he strains trying to expel something. Usually on palpation he feels the hemorrhoid within the grasp of the sphincters, and unless it is replaced, the tenesmus continues for perhaps hours. This is the venous hemorrhoid.

The capillary hemorrhoid is soft, spongy, or granular, and easily yields or tears on pressure. Hence hemorrhage results from even a slight injury, and this the small capillary hemorrhoid is a source of great danger to the system from loss of blood, while the large, well-formed venous hemorrhoid is not so dangerous. The venous hemorrhoid, when of large size, will protrude, and if a patient has hemorrhoids, and assures us there is no protrusion, we suspect internal hemorrhoids of the small and more probably capillary variety. Digital examination is unreliable in diagnosing internal hemorrhoids, because even good-sized tumors can not be detected after they have been returned within the rectum, unless pedunculated. Inspection assists only if there is protrusion. Let the patient retire to the lavatory, and strain a little, trying to force out the hemorrhoids. If this fails, or is not convenient, dilate the sphincter with a bivalve speculum, and the pile tumors usually fall in between the blades. If the tumors are low in the rectum, they may readily be seen by inserting one blade of a Sims speculum.

Uncomplicated internal hemorrhoids cause little or no disturbance, but when

they become inflamed or ulcerated, they cause great pain and distress. This condition is popularly called an attack of piles, and applies to both the internal and external forms when inflamed. They may remain quiet for a long time, and then without any apparent cause become inflamed. Later, the condition subsides, and the patient often considers himself cured. In detailing the condition he may say he has had piles before but was cured by some remedy or other. Of course, the hemorrhoids are there, but are not producing any symptoms. Although generally no apparent cause of the inflammation is known, yet, in many instances, the attack is precipitated by diarrhea, exposure to cold, bicycle or horseback riding, excessive venery, alcohol, tobacco, or sometimes uncleanness or rough handling of the parts with coarse paper in the toilet.

Other symptoms of internal hemorrhoids are vague and uncertain, as they occur in other rectal troubles, and many arise from remote causes. Pain in the thighs or back, sensation of heat or burning in the rectum and frequent micturition, are all too unreliable to be considered worthy symptoms of any particular disease. It is well to take into account only such definite indications as relate directly to the rectum and anus, but these significant tokens should require a thorough examination.

Constipation must be considered only a coincident with internal hemorrhoids, and not a specific cause, because fully as many patients are not constipated as are; and while temporary obstipation occurs occasionally in every one, internal hemorrhoids are frequent in those whose bowels have always been regular. Hereditary predisposition to hemorrhoids is very pronounced, and commonly a whole family is afflicted, or the patient says his parents or grandparents were treated for the disorder. Women who have borne children nearly all suffer from hemorrhoids, which frequently are much prolapsed. Children only rarely have the internal variety, nor is it common in old age, although the persons may have endured considerable earlier in life, because the hemorrhoid ultimately atrophies, or, as the laity says, "dries up."

All patients afflicted with hemorrhoids assume a careworn appearance, deteriorate in health, and become anemic and emaciated.

The mucous membrane between the hemorrhoidal tumors is thrown into horizontal folds which become lacerated by the hard feces passing over them, and fissures result. In other cases these folds stretch, and the whole ring of mucous membrane prolapses during defecation. After internal hemorrhoids have been diagnosed, all other pelvic organs should be examined, to determine their relation to the rectal trouble. An enlarged prostate or urethral stricture, by necessitating straining during urination, will aid in the development of hemorrhoids. A displaced uterus or diseased ovary, a calculus in the bladder, hernia, varicocele, proctitis or colitis may be a cause.

It must be remembered that any one of these is sufficient not only to produce the hemorrhoids that brought the patient to us, but if we remove these hemorrhoids ever so carefully and radically, and fail to remedy the exciting cause, the hemorrhoids are sure to return. The treatment of any other diseased condition bearing on the rectum or obstructing its venous flow, is fully as essential as the thorough removal of the present tumors. The writer has seen a number such cases where the hemorrhoids had been removed and new ones developed, and where when treatment was directed to these adjacent organs, the hemorrhoidal trouble was cured permanently.

509 East Forty-Sixth Street.

[Written for the MEDICAL BRIEF.]

Some Factors That Prevent Success in Abdominal and Pelvic Surgery.

BY R. D. MASON, M. D.,

Professor of Rectal and Pelvic Surgery in the
John A. Creighton Medical College; Sur-
geon to St. Joseph's Hospital,
Omaha, Neb.

The surgeon who wishes to succeed must consider many things besides the purely technical part of his work, as applied to the operation itself.

The preparation of the patient before operating, the after treatment, and the

unknown diseases that may lie dormant only to spring into action and take the life of his patient in spite of all his care, even though the operation was skillfully done, and, considered alone, entirely successful.

No doubt many patients die who might have been saved had they been properly prepared prior to the operation, and many others fail to get the relief they hoped for because the treatment should have been directed toward the cure of syphilis and the surgery omitted.

Often patients come to the hospital with serious abdominal affections and desire an operation the next day who should be prepared for operation for several days, or even weeks, to get them in as good condition as possible. It is the rule that these people are constipated, and the bowels filled with excrement and ptomaines that should be cleared out before any operative procedure is even thought of. It is really surprising how much old dry hard material may remain in the bowel for days, and apparently for weeks, even after a large amount of salines has been given. I have repeatedly had cases where the patient had taken cathartics until the stools were composed of nothing but the watery secretions of the bowels, and yet several days later hard, solid motions were passed. There seems to be an accumulation in the cecum that is with difficulty dislodged.

I have found that two or three ounces of glycerine, given as an enema, and followed by a pint or more of hot soapy water, will start these masses, and clear the entire colon. Glycerine and olive oil, in equal parts, taken in tablespoonful doses, three times daily for several days, will act as a gentle laxative, and often accomplish more than the more drastic cathartics. The mistake is often made of purging and starving these patients too severely immediately preceding the operation. Many of them are very weak, and the added drain on the system is more than they are able to stand.

In Reed's book on gynecology occurs the following, with which I agree: "It is highly important to urge a word of caution against the prevalent habit of purging patients excessively before operations. It is not unusual for patients to

be forced to have a dozen or more defecations during the twelve or twenty-four hours before undergoing the ordeal of an abdominal section, and during this time they are kept upon a restricted diet, and often during the final twelve or fifteen hours are given nothing at all to eat.

"It should be borne in mind that such hypercatharsis (a) weakens the patient; (b) still further weakens peristalsis; (c) aggravates post-operative thirst; and (d) by draining the circulation, stimulates all the absorbent functions, and thus lays the foundation for systemic sepsis in the presence of unavoidable infection. The practice is wholly wrong, and should be abandoned."

Many patients are morphine takers, and will not inform their surgeon of the fact, even if questioned on the subject. Of course this is apparent as soon as seen in many cases by the contracted pupil, needle-pricked legs, etc., but in some persons who have recently begun the habit it is not so apparent. It is not wise—in fact, impossible—to take away the morphine before the operation, or even to limit the amount taken to any marked degree, because they are accustomed to the drug, and to remove it suddenly would cause very serious depression. After the operation, however, it may be very much reduced in amount, and plenty of good nourishing food substituted. Dr. Wylie, of New York City, recommends oil and glycerine, to which he adds a little atropia, and says that it controls the desire for stimulants.

Many patients are unable to empty their bladder after rectal and perineal operations, because of the spasmodic contraction of the sphincter vesicae muscle. This is partly due to the fact that they are lying down, and could they be allowed to assume some other position they would have no trouble whatever in this respect. This may be avoided to a great extent by having them abstain from fluids as far as possible, for twenty-four hours before the operation, directing them to empty their bladder the last thing before going to the operating room, and not try again for several hours after being returned to their room. If they try and fail, the catheter will have to be used for several days, while if they succeed the first time,

it will not have to be used at all. The only objection to this is that after operations, patients often suffer from thirst. This may be prevented by allowing them to hold small pieces of ice in their mouth.

Another factor that sometimes works disaster is severe pain, with restlessness. I believe it is better to give sufficient morphine to control pain rather than to allow the nervous system to suffer the shock that it sometimes does. Of course there may be reasons for not giving it in certain cases, but often it is withheld because of fanciful rather than practical reasons.

I believe that many patients die because of the giving of stimulants. I can scarcely think of any symptom or condition following an abdominal or pelvic operation that would require the use of whisky, and I have long since ceased using it. If the patient seems likely to die, whisky will not save him, and other things such as strychnine, nitro-glycerine, etc., had better be used, as indications arise that seem to call for them. For general weakness, so often following operations, unless there is some special reason for not doing so, plenty of good nourishing food should be given. No stimulant can be made to take the place of milk, eggs, beef, and other foods that go to build up the broken-down constitution, and are permanent in their action. These are vastly superior to stimulants that have but temporary action, or, in many cases, none at all.

Probably the most important factor of all that may mar the success of a well performed operation is syphilis. There is scarcely an operation that the surgeon is called upon to do that this dread malady may not influence, either locally or through its constitutional effects, rendering the best result impossible, or in some instances causing the death of the patient. This is especially true in abdominal and pelvic work, as the abdomen has to be opened, and the peritoneal cavity entered, causing much greater shock than operations upon the extremities. Like the great white plague, syphilis is everywhere. It has no limitations as to age, sex or social conditions. But unlike tuberculosis it exists in places where least

expected, and casts its blighting shadow where it is not supposed to exist. Many patients have been operated upon with failure to get good results who had better have been put through a course of anti-syphilitic treatment.

Dr. Marchlow (*Deutsche Medicinal-Zeitung*) says that "within the last three years he has operated on two hundred syphilitic individuals, mostly women, and has observed that in these patients there is a certain diathesis which exerts an unfavorable influence upon the ultimate result of the operation. The diathesis consists especially in changes in the vascular system, morphological changes in the quality of the blood, and specific changes in the skin itself. These changes naturally play an important part in the process of the cure. The syphilitic diathesis lacks uniformity in the various organs and tissues, and is more marked in the gummatous stage. In operating on syphilitic individuals, hemorrhage of the tissues, namely in the gummatous stage, occurs very easily; even in extraction of teeth hemorrhage may occur.

"In certain instances pigmented infiltration of the edges of the wound is observed so that the latter are elevated above the edges of the skin surface. Primary intention, even with the most scrupulous care frequently fails, and even the healing of the granulations is often slow and weak. The granulations are scarce, mostly in the stage of fatty degeneration, occasionally large, edematous and colorless. The wound gives off a profuse stinking secretion, and its edges become atrophic. Elastic bandages or washing with carbolic acid easily lead to necrosis in the region of the wound, whereas the local application of warmth exerts a favorable influence upon it. Plastic operations are often without result in syphilitics. This syphilitic diathesis is very mild at times, not at all marked in persons who have a mild form of the disease, or in those who have passed many years before, as well as in individuals who have been subjected to an energetic specific treatment. It must be accepted as a rule, however, to subject all syphilitics to a line of treatment before an operation is undertaken."

500 Brown Block.

[Written for the MEDICAL BRIEF.]

Heart Lesions From a Purely Clinical Standpoint.

BY W. F. FRANCIS, M. D.,

Professor of Physical Diagnosis and Clinical Medicine in the College of Physicians and Surgeons; Consulting Physician at the Jefferson Hospital; Clinical Instructor at the City Hospital; Member of the Mississippi Valley Medical Association, etc., etc. St. Louis, Mo.

In the consideration of the heart as a factor in all diseases of other organs, we are often led to regard it reflexly, when as a matter of fact its liability to derangement *per se*, is a fruitful source of diseases in other organs. An understanding of the complex nature of the function of the heart means an understanding of the close relationship between that organ and the nervous system. The elements leading up to a correct diagnosis of heart diseases must, as a matter of fact, embrace a very thorough knowledge of the nervous temperament of the individual.

In examining for heart lesions, and especially is this true in our eleemosynary institutions, we find that the want of proper nutrition to the great nerve trunks will so often produce valvular adventitious sounds, that we are led to think of the heart as diseased, when its condition is only due to an excitation caused by the irritability of the nervous centers. In cases of neurasthenia especially is this noticeable.

In females especially, usually at the beginning of the catamenia, we have observed absolutely valvular obstructive sounds, that we are wont to regard as permanent lesions, but experience teaches us that in the large majority of cases we have observed that the proper attention and respect for the circulation is always a most pertinent point in diagnosis. In obstruction, and particularly capillary, with the knowledge we have of the minute anatomy of the capillaries with their exceedingly thin walls, and the osmotic power demonstrated, it is easy for us to arrive at a conclusion that the reflexion of this irritability, or a want of proper tone in the sympathetic department will refer directly to the cardiac ganglia, and cause not alone accentuated

apex beat, but will cause absolute auscultatory evidence of disturbance at the valves.

It is, therefore, an important point for the general practitioner to bear in mind the fact that in a patient subject to unrest with regard to all disturbances, either cardiac or pulmonary, care must be exercised in making a diagnosis.

A variety of causes may contribute to the disturbances in the cardiac department, and it is difficult for us to assume that these conditions are of such a nature as to surround the patient with a chimaera of the dreadful condition of this organ, when frequently a proper attention to the nourishment of the whole nervous system may maintain not alone an equilibrium in circulation, but permit proper capillary osmosis to overcome in a very short space of time the tendency to grave disease.

A case in question: About two months ago I was called to see a little boy, nine years old, with all the evidences of mitral insufficiency. A careful diagnosis is simply added to the impression that it was an irreparable lesion, but after observing the case closely, and calling in the aid of two different colleagues, who sustained me in my diagnosis, I was led to pursue my investigations still further, and in process of time to find that by following the course I had outlined (which was nourishment to the nervous centers) and improvement in the gastric department, and digestion stimulated, that I noticed a very material decrease in the adventitious sounds of the mitral valve. In the course of eight weeks my patient was comparatively well. There was at times a trifling sound, but I found that, on examination on first entering, this sound was quite noticeable, but in the course of twenty or thirty minutes there was an absolute subsidence of this evidence.

These conditions can not be investigated too closely, and I have come to the conclusion that not less than fifty per cent of our cases of valvular disease are simply due to such a state of affairs in the sympathetic department of the nerves characterized by something in the digestive department, that would lead us to make a wrong diagnosis. In all cases of

this kind the physician stands ready and willing to be the target for the diverse criticism of his colleagues, yet it is better that he should carefully diagnose a condition before pronouncing an absolute opinion than condemn his patient to much suffering and himself to ridicule by over-anxiety to decide the exact nature of the condition.

A few moments' reflection upon the part of the investigator will convince him that with the wonderful facilities that are afforded by the circulation for the transmission of sounds that are developed from nervous irritability reflecting upon the arterioles and capillaries would place him upon his guard with reference to diseases of the heart. Unfortunately at the present time we find a tendency on the part of the consultant to agree absolutely with the physician in charge of the case, confirming an original diagnosis without making proper investigation. This is not fair to the general practitioner nor to the interests of the patient.

2003 Park Avenue.

[Written for the MEDICAL BRIEF.]

The Menopause.

BY THOMAS OPIE, M. D.

Dean of the College of Physicians and Surgeons, Baltimore; Professor of Gynecology in College of Physicians and Surgeons, Baltimore; Visiting Surgeon to Hebrew Hospital, Fellow of the American Medical Association; Member of the Southern Surgical and Gynecological Association; Baltimore Medical and Surgical Society; Gynecological and Obstetrical Society of Baltimore; Clinical Society of Baltimore, etc., etc., Baltimore, Md.

The term menopause means the cessation of menstrual function. It is the close of the fruitful period in woman. "The arrest of the monthly discharge of blood forms but a single incident in the chain of events which occur in women who reach and pass the limit of the child-bearing period.

The substitutes for the term menopause are still more ambiguous, for example, "the change of life," "the critical period," or "times," "the climacteric."

It is closely related to the subject of menstruation, which may be defined as a function common to females of the human

species during that portion of life in which fruitfulness is a characteristic. It occurs with relative regularity each lunar month, and lasts the greater part of a week.

Its chief objective is a discharge of blood from the uterine canal, with which epithelium and glandular secretions from the uterus and vagina are mingled. With the discharge are frequently associated various phenomena appertaining to the vascular and nervous systems.

From time immemorial the importance of the menstrual function in women has been a recognized fact among observers. Its significance has been differently interpreted in different ages, and different conditions of intellectual development. Among the crude, the barbarous and superstitious, the solution of such a problem has not been universally satisfactory. Even among the highly-developed nations, for example, the Greeks, the interpretation could not be expected to conform to facts, because of their imperfect knowledge of physiology and anatomy. There was then but little, if any, knowledge of pathology and menstruation, and its aberrations must necessarily have received an entirely different interpretation from that which is given it in modern times. Paracelsus believed that the menstrual blood was the greatest of poisons, and with it the devil produced spiders in the air; also that fleas, beetles, caterpillars, and other insects were generated by it. Democritus, in his book of Antipathy, declares that all those caterpillars, and other insects which destroy a garden, fall and die if a woman with her menses upon her walks three times around each quarter of the garden barefoot and her hair loose. The Egyptians, who investigated so many matters concerning the human body, realized that menstruation was an important function. This is shown in the books of Moses, much of the information in which was derived from Egyptian sources, and in which a menstruating woman was declared ceremonially unclean, and coitus with her was forbidden.

While the ancients recognized the importance of menstruation, it was not so as to the menopause. By some of their teachers, it was passed over as occult and inexplicable, and in general it failed to

receive that broad and philosophic treatment with which so many questions were discussed by the ancients. The Humoral Pathologists (who held to the doctrine that all diseases were due to the disordered condition of the fluids of the system), believed the humors, or juices, ascended like gases, and that they often settled in the brain and produced great disorder, which required abstraction of blood from the head, arm, foot, or other part. In the cessation of the menses, either temporarily or permanently, they say there is the possibility of serious consequences, and they are probably responsible for much of the foreboding of evil which is associated with the menopause in the minds of the laity.

It is stated by Hoffman, a humoral pathologist, that if venesection is omitted when the menses cease, violent cardialgias will result, accompanied with intense heat and pain about the precordia, the back and scapulæ, especially in the night time. Others will suffer with intolerable heat, pain in the joints, and erysipelatous fevers, while others will be affected by nephritic disorders, accompanied with pain in the loins, and terminating in calculous concretions. Furthermore, he says, some women, after their sixtieth year, have discharges of bloody urine, or are seized with an immoderate discharge of their menses, which at last terminates in a hectic. Hippocrates, in his work on Diseases of Women, says: "We learn from experience that exulcerations, violent, and even scirrhus tumors of the uterus are sometimes produced by cessation of the menses. Neither do the external parts of the body escape the fatal consequences of such suppression, since we know from experience that by this means they are frequently affected with the itch, the elephantiasis, boils, erysipelatous disorders, or scirrhus tumors."

In this crude material there is the shadow of very important truths. The modern literature of the subject is, of course, expurgated of that sensational character shown by the ancients. In the first half of the last century a number of papers and volumes appeared, chiefly by French authors. In 1861, Gardanne wrote a book on the menopause, the title of which was, "Advice to Women During the Criti-

cal Period." Tilt's work, entitled, "The Change of Life," was for many years the only one available for readers of the English language. It contains a vast amount of information and extensive statistics, but it is defective, because at the time it was published there were not in existence important data we have now, relating to the menopause, especially when artificially produced by the surgeon.

Kisch and Bosner have each written excellent works upon the menopause in German, and a translation of the latter has been published in this country. The recent developments in pelvic and abdominal surgery have given new importance to the subject. The study of the menopause, and its phenomena, has been invested with new interest, and practically placed on a new foundation. The menstrual period has its analogue in many of the lower animals; it does not recur, however, with the same frequency, or regularity, as with women, but it is manifested by a congestion of the genital organs, a disturbance of the nervous system, and an impulse which has a very manifest relation to fruit-bearing, or reproduction. It has been repeatedly observed that in apes and monkeys, in which the uterus resembles that of women, and also in those animals in which the uterus is hollow, as in asses, mares, ewes, sows, bitches, and cats, if coitus and conception do not take place, these conditions of disturbance disappear, to return again after a longer or shorter period.

There is no analogue of the menopause among the lower animals. The menopause is least likely to excite disturbance among savage and degraded females, who stand nearest to the beasts of the field, and among those who are accustomed to the vicissitudes of outdoor life and manual labor. Among the tenderly reared women of civilized life, and those who have had an undue share of ills and stings, it is a matter of great significance, and is often associated with a general breaking up of the vital forces of the individual.

The menopause should be a normal function, or experience. In a healthy and perfectly-constructed individual, the functions of the body are performed painlessly. With such an individual, there is as little

consciousness of digestion, or of the existence of the stomach as an organ, as there is of things in general during natural sleep. The performance of menstruation should be accomplished with equal ease in women, and the period of its final cessation should be as uneventful as that of its beginning. That this is not the case, in many instances, is simply to say that there is not an organ or function of the body that does not show derangement, or disturbance, in one individual or another, indigestion, dysmenorrhea, disturbed menopause, and a thousand other ills, arising like the miasm from the marshes, according as the conditions favor. The abnormal arouses attention, not the normal, in the average mind, and the serious disturbances which have happened to some women as they passed through the menopause have led Tilt and others to insist on its essential seriousness and critical character. Influenced by such authority, and perhaps by personal observation to a very limited extent, the public at large look upon this experience with great apprehension, and women have been taught never to consider themselves quite safe until the menopause has entirely passed. Ancient teaching concerning the menopause is erroneous, in many respects, in the light of present knowledge, and the sooner it is done away with the better it will be for humanity.

We may define the menopause, therefore, as the condition which exists, and the collective phenomena which appear in connection with the cessation of menstruation. This cessation takes place gradually, in most cases, the intervals between the menses lengthening and finally falling altogether, after a period of from one to three or four years. During this time the phenomena are varied in character. With some women there is scarcely the consciousness that anything unusual is occurring, aside from the fact that the intermenstrual intervals are longer than usual. With others, the hemorrhages, if less frequent, are much more profuse. The nervous system may be unaffected, or there may be disturbance of the cerebrospinal, and sympathetic systems. Vasomotor disturbances are extremely common, and mental alienations are by no means rare. In cases where there is pre-

disposition to the development of new growths, such growths may develop at this time. Atrophic changes take place in all the genital organs as the menopause progresses. The menopause may be as uneventful as any of the other necessary experiences to which female economy is subjected, but it is also susceptible of varying, as far as possible, in the opposite direction. There are exaggerated views as to the menopause as a critical time for good or evil. Tilt accepts the ancient view of the serious character of the menopause.

Suppose we compare the menopause with any of the ordinary functions of the body—with digestion, for example. Errors of digestion are certainly as common and significant as anything that can be associated with the menopause, and yet we cannot consider digestion as critical in any sense, nor its aberrations as necessary adjuncts of the function.

Kisch's statistics, published in his book, which came out in 1874, gives an analysis of five hundred cases. The following conditions were noted: Metrorrhagia, two hundred and eighty-six; chronic metritis, seventy-nine; leucorrhea, three hundred and twenty-seven; vaginismus, twelve; prolapsus uteri, sixty-five; ante- or retro-tumor mammae, eight; pruritus vaginae and flexions, fifty-two; carcinoma vulvæ, forty-six; fibroma uteri, three.

It may be observed that three out of every five (two hundred and eighty-six out of five hundred) had uterine hemorrhage, but whether it was sufficient to be regarded as serious is not apparent. The fact is now clear to every observant modern physician of our day that unless women have pelvic or abdominal tumors, or some other legitimate cause for hemorrhage, the number who suffer with this most loudly-heralded bugbear of the menopause is insignificant. It may be confidently asserted that the majority of women who reach old age have never consulted a physician in regard to the menopause, and that there is nothing of value in such tables of statistics. A tabulated list, to be of value, should contain only such cases as required the physician's aid. Tilt's statistics embrace five hundred cases, observed in the higher social classes

in England during twenty-five years of practice. In addition to minor complaints, as sick headache, biliousness, diarrhea, deafness, neuralgia, erysipelas, etc., he tabulated the following: Insanity, sixteen; carcinoma uteri, five; paraplegia, six; heart disease, one; apoplexy and hemiplegia, six; carcinoma mammae, one; fibroma uteri, four. For malignant disease a fraction over one per cent is given by Tilt, the ardent advocate of the serious character of the menopause. The United States Census Statistics, for 1880, reported forty-eight thousand nine hundred and fifty deaths of women between forty and fifty, out of a total of four million five hundred and fifty-eight thousand two hundred and twenty-six of the stated age. Of this number one thousand seven hundred and seventy-one died of cancer, and about one-fourth of them were cancer of the genital organs. This shows that less than one per cent of the women who died between the ages of forty and fifty from 1870 to 1880, were the result of cancer. These statistics are not scientifically correct, owing to errors in diagnosis, while on the other hand, it might be admitted, a considerable number of these cases are never reported. However, the national report and the statistics from other sources agree upon about one per cent, which negatives the conclusion that the menopause is a period to be greatly dreaded upon account of malignancy. Even Tilt has modified his statement, notwithstanding his advocacy that the phenomena of the menopause indicate gravity, by granting that the term critical does not necessarily mean fatal. More extensive knowledge concerning the menopause than our predecessors had leads us to fear it less than they did. We are called upon to explain why serious conditions may and sometimes do develop in the genital organs at that time. When the period of fruitfulness has ended, the activities of the tissues have reached their culmination, the secreting power of the glandular organs begins to diminish, the epithelium becomes less sensitive and less susceptible to infectious influences, atrophy and degeneration take the place of active building processes. The presence of an irritant, scar-tissue, for example, or that vague condition of susceptibility which we call a diathesis, in which

there is lack of cell activity and vitality in resisting the increase of irritation. The organ attacked goes down before it, the result being heteroplasia or malignant new growth. This explanation, if unsatisfactory, is as much so as anything which has thus far been suggested. The menopause is not responsible for degenerative changes. The fact that malignant disease develops at the time of the menopause does not prove that it is responsible. It merely shows that the tissues are then favorable for such a development in the individual so affected. Hence we should abandon the idea that the menopause is, of necessity, the time for such unfavorable processes. Menopause signifies completion of the fruitful period. Foliage assumes its most brilliant colors, then withers and falls. The hair of the woman whitens at the menopause, her figure becomes rotund, but, in due course of time, withering, and wrinkles follow. In the reproductive organs the advent of the menopause means the beginning of senility, and that means atrophy and degeneration of tissue, though not necessarily the institution of morbid processes. The menopause is conservative, the malignant disease is destructive. The former consists essentially in utilizing to the utmost impaired and worn-out tissue and processes. With malignant disease, on the contrary, a tissue is built up, or infiltrated only to break down and be destroyed, the destructive process continuing and spreading until it annihilates its pitiable victim. When such disease follows the menopause, the mistake has not infrequently been made of attributing the co-incident hemorrhage to an incomplete menopause, or recurrent menstruation. Such mistakes are less excusable than they were. Warning should be sounded before malignant disease becomes too extensive, before the disease has reached the irremediable stage, when radical surgical procedures are unavailing or impossible. Fibroid tumors of the uterus, by a degeneration of the mucous membrane, cause profuse hemorrhage during menopause, and thus simulate malignancy. Careful attention as to differential diagnosis is important here. Coincidentally with the menopause, cystic tumors of the ovary occur, the ac-

tive developmental period of which may continue, even to the most advanced age.

Changes of an atrophic character in solid and fibro-cystic tumors of the genital organs do not occur as often, nor are they as marked, during the menopause as was formerly the case. We know that their development may continue uninterruptedly, in spite of the menopause; that they enlarge after the menopause has terminated, and that they may even undergo malignant degeneration after that period has passed. The anatomical changes which may be caused by inflammatory processes of the genital organs during the menopause are the same that occur independently of this period. They are either of traumatic or infectious origin, and not of frequent occurrence. The tissues at this period are not as susceptible to inflammatory influences as in early life. To remove the generative organs completely during the menopause will accelerate its termination.

If the mammary glands alone are removed—destroyed—the menopause is not in the least influenced. Gross and Winiwarter, in their analysis of six hundred and forty-two cases of mammary cancer, found four hundred and ninety-six in which it occurred after the age of forty. There is nothing in their writings, nor in those of Birkett, Lebert, Scanzoni, Velpeau, or Virchow, to show that the disease or destruction of these glands influences the menopause. The factors which influence the menopause are:

- (1) Age. (2) Disease and traumatism, including the influence of undeveloped and badly nourished organs. (3) Climate, including altitude, and all atmospheric conditions. (4) Heredity, including family, national, or race peculiarities. (5) Temperament, habits, occupations, and social surroundings. (6) Accidental influences, fear, misfortune, grief, etc.

Treatment.—Carefulness and watchfulness are requisites. The old method was wrong. It consisted in ignorant inactivity. "Eternal vigilance is the price of liberty." We may say in such a crisis it is the best of purposes, since it makes us ever ready for any mishap which may occur during the menopause. Our experience is that the majority of women will go through their menopause without any

thing being done for them by the physician. The aid of the doctor is rarely needed for women who live out of doors, or who are hard workers, or who are barbarous women. The treatment required consists mainly in meeting symptoms. In the nervous, highly-organized, sensitive women, who spend most of their lives in the house, those who have been harassed with social and domestic cares, the fashionable and dissipated, those who have had pelvic troubles, more or less all their lives, those who have suffered poverty and disappointment, the menopause will call for special attention, and it may be well to remember we have no special disease to treat, only symptoms.

Vasomotor phenomena are the most frequent; such as flashes of heat, blushes, profuse perspiration, and discharge of urine, frequently occur in women who are in other respects in perfect health. Many such women scorn medical treatment and advice; then again, who are annoyed, seek it. Advice as to their diet, bowels: Saline and other aperients are most useful. Anodynes and hypnotics are to be deprecated and renounced. Encourage free elimination by the skin, exercise, friction, baths, 60° to 70° F. The seashore, the mountains and travel will divert, sustain and lengthen life at such a period. Some women are disturbed by congestion of the genital organs, and are distressed by an excess of sexual excitement as the result. Sometimes this is a source of great mortification to very worthy women. Relief is afforded by scarification or leeches, and vaginal douches at a temperature of 70° or 75° F. Profuse hemorrhages are abnormal, they are not physiological, but the evidence of disease. These are hemorrhages, not recurrences or renewals of menstruation; they are in advanced life usually indications of malignant disease. The atrophy and degenerative processes weaken the uterine capillaries and their supporting connective tissue, and cause hemorrhages during the menopause. They are apt to be profuse. The treatment is surgical.

It is curettage and gauze packing of the uterus. Should cancer develop during the menopause, vaginal hysterectomy is demanded through the vagina. Ergot, hydrastis, antipyrine, iron, iodine, alum, etc.,

are advised. I am frank to say that such treatment, except so far as it may secure quiet and confidence, is abominable. The works on general medicine are to be consulted as to treatment. Those who are not sick, but think they are, must be disillusioned by gentleness, but firmness. They must be assured that the menopause is a natural process, that the majority of women go through it unharmed.

Those who are sick must be treated on rational principles, not by superstition or tradition. Surgical conditions should be recognized promptly and promptly treated. Those who need drugs should receive remedies that are tried and reliable, and not the nostrums nor currealls of the quacks.

1031 Cathedral Street.

[Written for the MEDICAL BRIEF.]

Nux Vomica Versus Strychnine.

BY PITTS EDWIN HOWES, M. D.,
Boston, Mass.

We are living in a day of short cuts. Time is money. Men are trying in all ways to save time. This is true of the medical profession as well as of any other.

The tablet craze, which has swept through the medical world, was the outcome of this desire. The active principles are substituted, many times, for the entire drug, because, *per se*, the medicinal value must lie in this part. This may obtain with some, but, to the thinking physician, this proposition is extremely fallacious.

Examine chemically the dose of any of the fluid remedies, and you will find that the proportion of the active principle is very much smaller than the usually accepted dose of that principle, when administered alone. In the doses of nux vomica, usually prescribed, the amount of strychnine is decidedly less than that recommended by most authorities on the use of this drug. Doubtless this may be one of the reasons why there is such a difference in the action of the two agents.

It is an easy matter to separate nux vomica into its component parts. We may determine just how each of those parts act on the human economy, and what effect they will produce when given in different sized doses. But to say that the combined drug will give the result

which is brought about by the addition of those produced by its separated portions, is stating a fact which can not be demonstrated.

There are many things in Nature's laboratory which man has not comprehended, and, among them, none stands out so prominent as his failure to understand the manner in which she combines the materials in her workshop for the benefit of mankind.

Without doubt strychnine acts, principally and primarily, upon the involuntary muscular fibers, that is, in those doses which are deemed medicinal. When the size of the dose has been increased beyond the degree of toleration, and so becomes poisonous, the voluntary muscular fibers are also included in its field of action, although they can not now be controlled by the will. This should teach us that the field of action of strychnine, as a remedial agent, is very limited.

There is no question but that strychnine is a powerful heart stimulant, and when given in proper doses, and at proper times, will aid very much in overcoming some hard places on your patient's road to recovery.

The heart is weak and flagging, because the load which it is obliged to carry is more than it has power to perform. The judicious use of strychnine, in such cases, will enable the over-tired heart to successfully overcome the obstacle, but it should not be continued after that result has been accomplished.

Strychnine may be compared to the whip with which the careful driver urges his horses. They need a little extra exertion to help them over a hill more steep than usual. The whip gives the necessary stimulation, and they are soon the victors. But the driver does not continue the application of the lash. To do so would be folly, and would be condemned by all observers. So in the administration of strychnine. It needs to be watched with much carefulness. If we do not do so, we are apt to work more harm than good in the end.

Strychnine, as a separate agent, is very insoluble, and is taken up by the system with considerable slowness; hence, if the doses are given very closely together, you are apt to get a cumulative effect and

poison your patient before you are aware of the fact. It should never be given in any solution, the ingredients of which would be likely to precipitate your strychnine. For, if this should occur, your patient is likely to get an excessive amount of the drug, in the last dose, and a fatality happen, which carefulness could have avoided.

The effect produced by the whole drug is very different from that which is caused by its alkaloid.

Nux vomica, when administered in medicinal doses, exerts a very gratifying effect upon the entire digestive tract, and, from this very fact it holds a prominent place in the armamentarium of the successful practitioner.

By means of the sympathetic nerve the stomach and intestinal tract are connected with the cerebro-spinal system, hence, many times *nux vomica* will prove curative in conditions which are reflex in their nature.

Again, the size of the dose of *nux vomica* plays an important part according as you expect to relieve a direct or a reflex wrong. On general principles, the size of the dose must be very much smaller in those troubles which are reflex than in those which are direct, usually from one-fourth to one-tenth of the ordinary dose.

Nux vomica, unlike strychnine, can be given for a long time with much benefit, provided you do not forget to substitute one of the other bitter tonics, like quassia or salicin, occasionally for a few days, and then return to your first agent. This renders *nux vomica* of much value in chronic cases.

Another rule which it is well to remember when prescribing *nux* is that acute cases need the remedy more frequently than those of a chronic form. In the former, I always use it at least once an hour, sometimes more often, while in the latter I never direct it to be taken oftener than once in three hours, and frequently only three times a day.

When prescribing *nux vomica*, be sure that you have a reliable preparation, and always make use of the same quality. Many times inferior preparations produce results which are wrongfully blamed upon the agent itself.

[Written for the MEDICAL BRIEF.]

Report of a Case of Pneumonia.

BY C. E. WITT, M. D.,

Professor of Materia Medica, Therapeutics,
Hygiene and Botany, in the Medical Department
of Arkansas University,
Little Rock, Ark.

Mrs. B., aged thirty-three, multipara, presented herself for treatment on December 15th. She was found on examination to be suffering from acute pneumonia of the middle lobe of the right lung. The patient's previous history was good, although of extremely slight physique, never weighing more than one hundred pounds; her general health had been fair up to time of illness. The two prominent features of this case were the acute pain and high temperature, the latter ranging from $103\frac{1}{2}^{\circ}$ to 105° F. The severity of the pain indicated an inflammation of the pleura. As part of my routine treatment, the patient was wrapped in a flannel jacket, made from two thicknesses of flannel, and padded with cotton. This was followed by the application of the ice pack, made by filling a rubber bag with crushed ice, which was then placed, after wrapping a single towel around it, directly on the chest.

Within two hours after the application of the ice pack the temperature had fallen 2° F., and the pain was almost entirely relieved. The pulse rate which had reached one hundred and forty, was gradually reduced by means of small doses of digitalis. On the seventh day, as resolution had set in, she developed pneumonia in the left lung. The same treatment was continued, and recovery was rapid and uneventful.

The only remarkable features of this case are the high temperature, pulse rate, acute pain, and the fact that such a frail little patient should recover so promptly from a most severe attack of double lobar pneumonia.

Many years of experience in the treatment of pneumonia have led me to believe that there are no more useful agents in the management of this disease than the flannel jacket and the ice pack. Of course, we occasionally meet with highly nervous patients who can not endure the cold ap-

plication, and in such cases we must substitute the hot pack, but this rarely occurs.

When the pulse rate reaches one hundred and twenty, I prescribe digitalis pure, or fluid extract in preference to any of its alkaloids, but never give it for more than four days without an intermission, on account of its cumulative qualities, when I substitute strophanthus as a heart stimulant. Digitalis is absorbed rather quickly, and eliminated slowly.

When it is indicated, I prescribe brandy. Strychnine is also one of the best stimulants at our command. Nourishment is given in such quantities as the patient can digest and assimilate. I give the strychnine, however, only in the second and third stages of the disease, as it is one of the best respiratory stimulants as well as a cardiac tonic.

In the third stage of pneumonia, to hasten resolution and cause expectoration to be easier and freer, I give carbonate of ammonia in ten-grain doses, repeated every two or three hours. Carbonate of ammonia is likewise a respiratory and cardiac stimulant, but as its effects are very fleeting, the doses must be given at short intervals.

1918 Gaines Street.

[Written for the MEDICAL BRIEF.]

Rectal Examination in Children.

BY J. A. BURNETT, M. D.,

Pauline, Ark.

In making a diagnosis of abdominal conditions of children a rectal examination is of great value. When making the examination the child should be placed upon its back with the thighs flexed upon the abdomen. The first finger of the right hand should be carefully inserted into the rectum and the left hand placed upon the child's abdomen and the conditions of the middle and right side of the abdomen can be ascertained, and then the child can be placed upon its right side without removing the finger from the rectum, and the left side examined. The pelvic organs of young girls can be thoroughly examined in this way, and occasionally they are found to be diseased.

[Written for the MEDICAL BRIEF.]

Predetermination, Revelation and Treatment of Disease by Blood Diagnosis.

BY ROBERT LINCOLN WATKINS, M. D.,

Member of the American Medical Association. New York State Medical Association, New York County Medical Society, New York County Medical Association, American Electro-Therapeutic Association; President of the New York Society of Hematology; Formerly Assistant to the Chair of the Practice of Medicine at the New York Post-Graduate School and Hospital; Member of the Greater New York Medical Association. New York.

Sanitation, a word derived from the Latin *sanitas*, meaning health, whole, sane, implies much more than is generally supposed.

It is erroneously applied to public measures, exclusively; negatively, for the prevention of disease in the community. But it should be applied, positively, to the dissemination of health; and since the community is formed of individuals, sanitation should be applied specifically to the whole, sane, healthy state of the individual.

Sanitation, therefore, has no negative meaning; it has no reference to the prevention or cure of disease, nor is such a system necessary. A positive sanitary system would include immunity from disease by inference. It should be far more natural, and certainly more pleasant, to keep well than to be ill.

Diagnosis.—Should a disarrangement of this ideal state occur, the first question is "Why?" When a person becomes ill, his first thought is, "What is the matter?" The first question the puzzled physician asks is, "How am I going to find out?" Aye, there's the rub—a deep-dyed doubt of a dubious diagnosis.

Mother Nature has concealed the organs wherein may exist the irritating cause, making the diagnosis and, in consequence, the cure, largely experimental. But there is one organ which can always be obtained and examined; namely, the blood. Blood is an organ which penetrates every nook and corner of the being. It receives and carries nourishment and detritus to and from all other organs. It reflects their conditions, often before the organs have made the patient

aware of their existence through pain or other symptoms.

Physicians have long known that an analysis of the urine will disclose Bright's disease of the kidneys, years before symptoms have manifested themselves in any other way, but it is only of late years that a few physicians have been persuaded that the blood is the guide which determines the presence, location, and, consequently, the means of cure. Every person should have his blood examined as often as his teeth, and this can not be too strongly urged.

There are two methods: the first, or old-time way, is by dry or stained blood; the second, or newer fashion, the fresh or living blood examination. The latter is by far the more simple, the more practical, and the more important.

A drop of blood is taken from the wrist, placed on a glass slide, and examined through the microscope.

In private practice it is my custom to take a photograph of each specimen, which furnishes a permanent record of the patient's condition on that date. My camera is permanently fixed in the left side of my office desk, an electric sterilizer on the right, with the microscope in the center. For outside practice I use a portable apparatus.

Treatment.—Having secured the true diagnosis, the next consideration would be the treatment.

When the blood becomes diseased, it bravely uses its crippled processes to cope with the difficulty. My treatment, based on Nature's laws, aims simply to aid the blood, by specially adapting itself to each individual case, thus making the cure rapid and permanent.

Such a condition is within the reach of every human being, so that, instead of spending large sums to relieve pain, he would better, like the Chinese, pay doctors only when in health.

CASES.

Below are given a few illustrations of great variety:

Case 1. Paresis.—On August 1, 1903, the dentist of an European ruler, while ill in New York, was sent to me by a prominent physician for a blood examination. The diagnosis was incipient paresis. This man committed suicide in

Europe, January 11, 1905, which would confirm the diagnosis.

Case 2. Tumor.—Two months ago Mrs. R. was recommended by Mrs. B. (a relative, who had been cured by the writer, ten years previous, of a uterine fibroid tumor, accompanied by excessive hemorrhages). Mrs. R.'s weight excessive, two hundred and fifty-six pounds. She has had a fibroid tumor of the uterus, with excessive hemorrhages, and the left ovary affected. Under special treatment the pain has already disappeared, menstruation is less profuse, and her weight reduced ten pounds.

Case 3. Epilepsy.—Mr. T., nineteen years old, has suffered all his life with corea—St. Vitus' dance and epileptic fits. He has attended school in Scranton, Pa., for the last two years. He was examined by me two months ago, and advised to return later for further observation and treatment. This he did two weeks ago, complaining of mental dullness, with a pain in the back of the head. He was morose, sullen and irritable. His blood was of poor quality and thick; the microcytes were not as numerous as usual in such cases, being probably due to the fact that the lesion was in the brain, technically called central. This would insure a favorable prognosis. My advice to his father was to leave him with me a week, as I was fully convinced that within that time the principal symptoms would disappear. The father agreed, but remarked as he was leaving, "Are you aware that the boy has had this complaint all his life?"

The young man was placed under the instructed orders of an intelligent nurse. He was installed in a large airy room, and subjected to various forms of treatment, which included unique exercises for producing activity of the brain cells, the main object being to make the boy happy and contented, and it succeeded. In three days the dullness had disappeared, and his glassy eyes had changed to sparkling ones, betokening rare intelligence. Within the week he was sent home. His father subsequently wrote, "I am glad to say that I notice a decided change in my son's appearance. I think your treatment has done him much good."

(To be continued.)

[Written for the MEDICAL BRIEF.]

A Brief History of Modern Surgery.

BY E. J. KEMPF, M. D.,
Jasper, Ind.

(Continued from page 261.)

Dental Surgery.—Dentistry is probably the most prominent and the most advanced of the departments of regional surgery, and is almost entirely a growth of the nineteenth century, and a marvelous growth it is. Allow us to examine the subject in a very brief way.

The Greeks and the Romans understood a few principles of dental science, and were able to relieve pain and to make false teeth. Until our present time dentistry consisted in pulling teeth in a rude and insolent manner, and in plugging up holes in teeth in an exceedingly rudimentary way.

The American dentist has led the way in the perfection of his art, and he is justly celebrated all over the world. The first native dentist was supposed to have been John Greenwood, who began to practice in 1788, and in 1892, thirteen years ago, there were eighteen thousand dentists in the United States.

From 1800 to 1892 there were published two hundred volumes devoted to dentistry alone; over five hundred dental instruments were patented at Washington; dental journals are without number, but with great influence. Dental colleges flourish, and nearly every city with any pretension to metropolitan honors has one or two dental schools. In fact, dentistry is one of our most advanced specialties.

Physicians, especially those practicing in the country, are frequently called upon to extract teeth. Also, sometimes the operation of teeth-extraction becomes necessary during the course of a major operation on either jaw, for the removal of a tumor, or the repair of an injury. Dentistry may also have to be called upon for aid by the general surgeon, in severe cases of fracture of either jaw, either for repair after the healing, or in the fixing the fractured bone by means of wires and splints. In cases of cleft palate, the aid of the dentist may become

necessary to close the opening in the palate by means of a plate.

From time immemorial teeth have been extracted: among ancients by knocking them out, and, later, by means of the key. One mode was as barbarous as the other. At the present time, teeth are extracted by means of the forceps, which are made so as to suit any and all teeth. A physician's set of four instruments will answer all his needs, and with a little practice, and with the aid of the anatomy which he is supposed to possess, the physician can extract all the decayed teeth in his neighborhood.

Ophthalmology.—The improvements in the various operations in the different parts of the body have become so many and so important, especially since the discovery of anesthesia, which we have already described in the way of its history, and since the use of antiseptics, that surgical practice and study have within the course of the nineteenth century been divided up into different departments, and the tendency of the age seems to follow this plan entirely. The various departments are called specialties, named according to the region of the body over which the specialist claims guardianship in health and disease. If the student of medicine remembers, in the discussion of Egyptian medicine, we noticed that specialism in medicine was the custom of the Egyptians even by law. Thus we see that specialism in medicine is but progressing in a circle, and we are about to return to a very ancient rule of practicing the art of medicine.

At the present time we have eye doctors, or ophthalmologists, with a minor branch calling themselves opticians. The eye doctors have their own medical journals, their own medical societies, and even their own medical schools, generally post-graduate schools, and in connection therewith a hospital and dispensary.

The eye doctors are generally to be found in practice in the larger cities. Their art has become so important a branch of the science of medicine that its practice demands a special devotion, and the one who follows it has no time for anything else. A fact of which the specialist seems to be proud, and to boast of, for several times have I heard a

specialist make the remark, not only in private conversation, but also publicly, when addressing medical societies, that he knew absolutely nothing about any other branch of medicine except his own, always, however, trying to leave the impression that he knew all about his own. Any man, whether a specialist or not, making such an assertion in good faith, should return to some first-class medical college, and learn what he does not know, for no one man can practice one particular branch of medicine in an intelligent manner who is not an all-round good physician.

The work of the eye doctor consists in the treatment of the diseases of the eye, both surgical and medical, in the performing of the necessary operations on the eye, and in giving directions to his assistant, the optician, for the fitting of proper glasses, after he has made the proper examination of the patient. For these various operations he needs a great number of special instruments, and appliances.

The discovery of the ophthalmoscope by Helmholtz, and its perfection by Ruete, Bruecke, Coccius, Zehnder, Loring, etc., was probably the beginning of ophthalmoscopy and ophthalmology. The ophthalmoscope is an instrument for diagnostic purposes, and has been aptly named the eye speculum.

Ophthalmology is that branch of medical science that treats of the eye, its structure, functions, and diseased conditions; the anatomy, physiology, pathology, and physics of the eye, and the medical and surgical diseases of the organ.

The first independent writer on diseases of the eye in the United States was Dr. Frick, who was born in 1793, in Maryland. Dr. Edward Delafield delivered a course of lectures on the diseases of the eye at the College of Physicians and Surgeons of New York in 1826, although he was professor of obstetrics at the time. The first man in the United States to make diseases of the eye an exclusive specialty was Dr. Williams (1822-1888), of Cincinnati, Ohio, who had a national reputation for skill and learning in ophthalmology.

Otology.—The eye doctor frequently also manages to learn another specialty

(also spelled specialty) or two, if he finds it necessary to practice in the smaller cities. Otolology, or diseases of the ear, is generally the one adopted by the eye doctor. Diseases of the eye, ear, nose, mouth, throat, and larynx all have their special doctors, or they are treated by the same physician as a favorite combination of specialties. In fact, diseases of the ear, nose, and throat, are considered as one specialty by most physicians, on account of their close relationship as to the anatomy of the parts.

Otolology is the science of the medical and surgical diseases of the ear, and their treatment. In order to treat the diseases of the ear successfully, the otologist makes a special study of the anatomy, physiology, and pathology of the ear; then he is drilled in the physical and functional examination of the ear, in order to be able to recognize the various diseases with which the ear is liable to be afflicted, so that they may be successfully treated.

Rhinology.—Rhinology is the name of the specialty covering the diseases of the anterior and posterior nares and the pharynx.

Laryngology is the name of the specialty covering the diseases of the mouth, throat and larynx.

The practice of otology, rhinology, and laryngology as specialties, as to history, may be dated to the year 1743, when M. Levret, a distinguished French physician, contrived a small reflecting mirror to aid in the detection and removal of polypoid growths of the nostrils, throat, ears, and other parts.

In 1804, Dr. Bozini invented an apparatus for the examining of the various canals of the body. In 1854, Signor Manuel Garcia first demonstrated a practical means by which the interior of the larynx might be studied. Czermak, of Pesth, who devised laryngeal mirrors of various sizes, adapted the concave reflecting head mirrors for use with artificial light, and thus created the art of laryngoscopy, which with little real change is known and practiced to-day.

That many if not most of the diseases of the eye, ear, nose, and throat now generally treated by the specialists, had been fairly well understood as far back as Cel-

sus, is probably true; but it is only since the discovery of the newer anesthetics, and the perfection of the instruments both for diagnosis and for treatment, that these specialties have become worthy of the name of honor which they hold in the medical world.

Diseases of the Rectum and Anus.—This specialty, which may be claimed to be a surgical one, was formerly entirely in the hands of the quacks, but within the last twenty-five years has risen to the dignity and honor of a regular scientific specialty. This fact is due to the studies and to the labors of Esmarch, of Germany, the great general surgeon, Allingham and Smith, of England, Kelsey, Matthews, Gant, Bryant, Andrews, Cook, and others, of the United States. This specialty also includes diseases of the bowels in general, and all surgical operations in the neighborhood of the perineal region. The rectal specialist also treats all internal diseases to which diseases of the rectum and anus can be traced, such as syphilitic and tuberculous diseases.

Genito-Urinary Surgery.—The practice of genito-urinary surgery was known to the ancients, which we ascertain even from the Hippocratic oath, which mentions that doctors, who took the medical oath then in vogue, pledged themselves not to perform the operation for stone, but would leave that to those specially qualified to perform the operation by special knowledge and skill. Where there were others who specially treated diseases of the genito-urinary organs we may only surmise, but we may take it for granted that men who knew how to operate successfully also knew other things about the diseases with which they came into contact. So it may be said that the specialty of genito-urinary surgery is a very ancient one, and a very important one, too, because the sexual powers of man are necessary to the procreation, and the perpetuation of the human race.

To modern aseptic surgery must, however, be given the credit of putting the specialty of genito-urinary surgery on a scientific basis. This specialty comprises the medical and surgical treatment of diseases of the urethra, of the prostate, of the bladder, of the penis, of the scrotum, and the testes, and of the kidneys.

This specialty also includes the venereal diseases, gonorrhea, syphilis, chancroid, chancre, and the functional diseases of the genital organs, such as impotence, spermatorrhea.

The physicians to whom must be given the credit of making the specialty of genito-urinary surgery worthy of the name of a science are Ricord, of France, the Hunters, Otis, Van Buren, Keyes, White, and others.

Silas Durkee, M. D., of Boston, wrote what may be considered the first work on venereal diseases written by any American physician, but his teachings may be considered in the main obsolete.

Orthopedic Surgery.—The specialty to be sketched under the heading of orthopedics has been until in quite recent years, almost wholly in the hands of quacks, at least as a specialty. But this is no longer the case, and orthopedic surgery has become a very important specialty of the scientific and specially educated physician and surgeon. Under the term orthopædics (from the Greek, straight, and knowledge), we understand the subject of the deformities of the human body, and the methods of prevention and of cure, by surgical methods. Although many deformities can only receive the requisite treatment at special clinics, or at the hands of the specialist who has acquired the essential technical skill, it still holds true that the subject as well as all other of the specialties, should be the common property of the physician and surgeon in general.

As in every other branch of medicine, so in orthopedics was the growth gradual to the present standpoint, and marked advances have been made, such as the operations of tenotomy, of osteotomy, etc. The inception of orthopedics may be traced as far back as can the human deformities. Hippocrates, Galen, Pare, Severinus, Arcaeus, and others have left us considerable information on this subject. Fabricius Hildatus reports a severe contracture of the hand which he cured by means of suitable apparatus. In the year 1500, Glisson first resorted to suspension in orthopedics; in 1685, J. Minius first performed tenotomy in a case of caput obstipum. Andry (1741) first collected the observations of his predecessors, and

gave the science the name it holds to-day. In 1780, A. Venal opened the first hospital for the treatment of deformities; in 1782 Lorenz first performed the operation of tenotomy on the tendo-achilles in a case of clubfoot. Delpech was the first surgeon who established orthopedics on a firm basis as a specialty. In 1803, Scarpa devised the since much modified clubfoot shoe. Strohmeyer, Heine, Dieffenbach, Langenbeck, must be mentioned as men who furthered the advance of orthopedics. Strohmeyer was the first to practice subcutaneous tenotomy, which before the advent of modern antiseptic surgery was, indeed, of great advantage.

George Friederick Louis Strohmeyer, born at Hanover, 1804, was the son of a physician, and graduated in medicine at Berlin in the year 1826. Induced by Delpech's work, "*L'Orthomorphie*," Strohmeyer founded an orthopedic institute, of which he was the chief until 1838. His first operation of tenotomy of the tendo-achilles he performed February 28, 1831, and Dieffenbach was induced to give the operation a trial by Little, an English surgeon, on whom Strohmeyer had performed the operation. In 1836 Strohmeyer wrote on the causes of spinal curvature, and in 1838 appeared his work on operative orthopedy. Strohmeyer divides with Esmarch the credit for developing the operation of resection in gunshot wounds of the joints. Strohmeyer also advised operative treatment for strabismus for the first time in the history of surgery, and illustrates the trend of Strohmeyer's mind, which was always to correct deformities occurring in the human body, no matter where. Strohmeyer was an imposing personage by his originality of manner, the independence of his opinion, and the richness of the genial, pointed, and striking remarks which decorate his style.

Sayre's name stands prominent as an orthopedist, as has already been mentioned. Louis Austen Sayre was born in New Jersey, in 1820; he graduated at Transylvania University in 1837; he studied medicine and graduated at the College of Physicians and Surgeons of New York in 1842, and he became probably the first professor of orthopedic surgery ever lecturing in the United States.

Sayre is the author of several papers on orthopedic or reparative surgery, and the inventor of the Sayre's plaster paris jacket for the treatment of caries of the vertebral bones, to prevent the serious deformities usually following caries of the spine. This jacket is applied with the aid of extension of the body by swinging the patient by means of a mast especially devised by Sayre. This extension apparatus is called Sayre's jury mast, which is also used as a gymnastic apparatus for the gymnastic exercising of patients suffering from Pott's disease, and in the treatment of locomotor ataxia by suspension.

Orthopedic surgeons are now to be found in the larger cities of the country, and special hospitals for the treatment of deformities of the human body are also to be met with. It is the tendency of the age to rather prevent the deformities of the human form than to cure them after they have been allowed to progress through ignorance and neglect.

Among the earliest methods of treating spinal disease is one known as succussion. This is mentioned by Hippocrates as a popular method in his day, and one which the great man condemned. Another ancient method of treating spinal disease was gibbosity, both methods depending for their efficacy on extension. Ambrose Pare used what may be considered the first splint intended to be worn for diseased spine, and described the corset in his book, 1650.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Basic Facts Anent the Rheumatic Diathesis.

BY SAMUEL S. WALLIAN, A. M., M. D.,
New York.

Every well-defined disease has some distinctive pathognomic feature or symptom.

Applying this admitted law to a single ailment—one of the commonest—viz., rheumatism, this disease in all its varied manifestations is, by modern pathologists, directly and unerringly traced to the presence in the tissues and circulating fluids of non-neutralized acid products of proteid metabolism.

This is proved by various unmistakable evidences, chief of which may be mentioned, profuse and sour-smelling perspiration, the transformation of normally alkaline saliva to acid saliva, hyperacidity of the urine, and acid feces.

This condition is not present in any other disease.

It is now admitted that cell metabolism can not be accomplished except in the presence of normally alkaline blood and tissue fluids.

True, resultant acids, purins, xanthins, etc., are produced by all metabolic transformations, but in health these acids are promptly and continuously destroyed or neutralized by alkaline bases presented in food media, and by alkaline carbonates derived from vito-chemically decomposed vegetable acids, or acid-alkaline salts.

In diseased conditions the alkalies of the blood supply a reserve force which is at once invoked by Nature to counteract the acids being evolved. When the normal alkalinity of the blood, for any reason, has been diminished, this aid is wanting, and the blood cells themselves degenerate.

Whenever this basic, normal alkalinity of the blood is either reduced or neutralized by an excessive ingestion or formation of uric acid, the subject is at once on the verge of a rheumatic explosion; normal oxidation is interrupted, and unless this condition is promptly corrected, the most susceptible tissues, beginning with delicate serous structures, like those of the valves of the heart, are progressively invaded. We call one of these manifestations rheumatoid arthritis; another endocarditis, or pericarditis, etc. The cause and condition are the same, whether the manifestation is termed acute, sub-acute or chronic. The difference is only in degree, except that in chronic cases there is the added element of more or less effusion and hyperplastic exudation.

Essentially, then, rheumatism is a chemical disease.

Fortunately it is amenable to chemical antagonism.

To realize this we must study the basic etiologic factors.

To begin with, is rheumatism or the rheumatic diathesis hereditary?

This question may be answered both affirmatively and negatively, thus: The

flesh-eating propensity comes down from father and mother to son and daughter. Excessive flesh-eating generally excludes or prevents the free use of alkali-bearing vegetables, cereals and fruits.

The hereditary character of rheumatism can not be demonstrated in any more positive or rational light. The child born of rheumatic parents is brought up on the same rheumatism-propagating foods that its parents indulge in.

Prevention of the disease is far easier and a thousand times more rational than subsequent cure. How is this to be accomplished?

Has the child enlarged tonsils, a tendency to tonsillitis and adenoid growths? It is because he is saturated with the degenerate chemical elements that induce rheumatism. If the diet of uric-acid bearing proteids be maintained, the rheumatic manifestations are inevitable. It is only a matter of time as to when they will appear.

When they have already appeared, there is but one course: remove the cause, and neutralize the damaging acids that have already accumulated.

This can be done in two ways: (1) by promptly correcting the diet, and (2) by administering the proper chemical antagonists. Substitute vegetable proteids for animal proteids, since the latter contain and are always a source of the further evolution of uric acid.

The correct diet is composed of cereals, vegetables, nuts, fruits, cheese (not too old), and milk. Eggs may be added, as a variety, but are not ideally innocent.

The chemical antidotes are the alkalies, but it is not sufficient to administer these in a crude, inorganic form, since the system refuses to absorb inorganic material to any efficient extent. True, the saliva and urine may be promptly rendered alkaline by the administration of inorganic alkalies—soda and potash—but this is not effectual. The alkalies must be derived from vegetable or organic sources.

This brings us back to the diet.

Cereals, some vegetables, and all so-called acid fruits are rich in alkaline elements. In the apple it is malate of lime, in the lemon citrate of lime, potash, etc. Wheat is especially rich in alkaline phos-

phates, but it should not be emasculated by bolting, as this eliminates nearly all the alkaline constituents. Hulled wheat, cracked wheat and Graham meal, are some of the best forms in which it can be used. It is to be eaten without sugar, and thoroughly masticated.

Asparagus, celery, spinach and baked potatoes are reliable sources of the alkaline salts. Alcohol is to be strictly interdicted. It demoralizes metabolism, checks oxidation, and thwarts all other curative efforts.

When it is deemed necessary or judicious to add animal food to the dietary, it should be preferably in the form of white meats and fish.

All broths and meat juices which are merely stimulating and appetizing, but not nourishing, should be strictly interdicted, since they invariably and unquestionably foster the rheumatic tendency.

503 Fifth Ave.

The Issue.

McCONNELLSVILLE, OHIO, Feb. 11, 1905.

EDITOR OF THE BRIEF:

I want to thank you for the stand you have taken against the medical examination required of physicians who are graduates of first-class medical colleges. The absurdity is still more apparent when a physician is qualified to practice in Ohio; if he steps over an imaginary line into another State he must go through the same ordeal. It strikes me that we ought to have a national law regulating the matter. It is undignified and humiliating to the profession the way things are now. School teachers are treated to a still more senseless regime, for they can not go from one county to another without an examination, but if they are willing to submit, that is their affair. I hope to see some sensible legislation in the case of physicians.

Yours truly,

A. M. RICHMOND, M. D.

Many physicians hold the same opinion that Dr. Richmond does, but do not come forward and say so. We can not hope for a national law and the repeal of the State medical laws until physicians demand it. Physicians all over the country should show up the absurdity of the present laws.—Ed.

[Written for the MEDICAL BRIEF.]

Preventive Medicine.

BY D. A. BLAIR, M. D.,
Ellisville, Ill.

(Continued from page 246.)

CANCER.

While we have been busy repulsing this enemy, another just as terrible has reared its monster head, and the wall of its suffering victims disturbs our sense of seeming security. We refer to the fearful increase of cancerous affections. According to Health Commissioner Reynolds, of Chicago, in 1870, there were only 7.3 cancer deaths in every 1,000 from all causes, but in the decade ending in 1900 there were 28.9 such deaths in every 1,000, an increase in thirty years of more than eighty per cent.

Last year there were 1,003 deaths from this disease in a total of 24,406 from all causes in that city, more than 41 in every 1,000 instead of 7.3 in the decade of 1870; of 14.5 in that of 1880; of 19.8 in that of 1890, and of 28.9 in that of 1900. As yet, the etiology of this disease has not been satisfactorily demonstrated, but enough has been shown to convince us that heredity is one of the great causes of the spread of this disease.

LAWS REGULATING MARRIAGES.

In discussing the legal aspect of this subject of preventive medicine, laws in regard to marriage should be included.

When we read in the Book of all books that the sins of the fathers shall be visited upon their children, even unto the third and fourth generation, we are impressed with the recognition of the laws of heredity, even in those times when humanity was much nearer its primal condition in point of purity of blood.

In more modern times, many of our most profound thinkers have put themselves on record as agreeing with the above statement, and this being a recognized fact, why should there not be laws passed preventing the marriage of individuals affected with any transmissible disease.

Under the searchlight of modern science and investigation, many diseased conditions are recognized as preventable and curable which were considered be-

yond human skill, and they were in the past, but are not so at present.

Insanity, idiocy, and criminal degeneracy, all were looked upon as visitations from God, but the alienist and the criminologist claim that at least twenty-five per cent are due to a diseased condition, and are preventable, and to a greater or less extent curable. We know that in the marriage of criminals and idiots the progeny are almost sure to have the tendency of the parents. For illustration: In a certain prison in New York, six persons were confined for crimes of various characters. Upon inquiry it was found that of the same family there were twenty-nine relatives, seventeen of whom were criminals. Still further investigation showed that within seventy-five years, one thousand two hundred and twenty-five persons have sprung from five sisters, several of whom were illegitimate, and three of whom unchaste, and who married brothers, whose father was an idle, thriftless hunter, a hard drinker, and licentious. Of this family the history of one thousand two hundred and twenty-three was traced, showing the following appalling criminal record:

Paupers.....	230
Criminals.....	140
Thieves.....	60
Murderers.....	7
Prostitutes and adulteresses.....	165
Illegitimate children.....	91
Syphilitics.....	430

Cost to State.....\$1,308,000

Now we hold that crime is a social disease, which has its origin in the physical or mental defects of the individual, and is either congenital or acquired, and these two prime causes in conjunction with the environments are the great sources from which our penal institutions are supplied with inmates.

Many of these cases are amenable to treatment, and should be given the benefit of the best medical skill, especially the juvenile criminals. It is a well-known fact that if children of good parentage are placed so that their environments are of a criminal character, they are soon developed into full-fledged criminals.

And right here we wish to enter a plea for the separation of the juvenile from the old offenders in our penal institutions,

for, if their faculties are not properly developed (which is the case), if we compel them to live in an atmosphere tainted with crime, although they are novices, by association we find that their criminal tendencies are rapidly developed, and instead of benefiting, we only do them harm.

If we had a patient whose mind was feeble, we surely would not advise associates of a like character, and expect to see the patient's mind improve with the association. So it is with the juvenile criminals. Put them in healthy mental and moral environments that they may develop the undeveloped faculties. In other words, educate them to recognize the proper restraints of the law, and to curb their lawless propensities. In this way we cure them. Now, as to the prevention of these conditions, there is but one way, and that is to enact laws that will require anyone wishing to marry to show a family and personal history, clear from any taint of a criminal nature.

The influence of heredity in regard to crime is much greater than is generally believed. To illustrate: An individual's ancestry need not necessarily be criminals for the individual to show a criminal predisposition. Tuberculosis and cancer, etc., may be transmitted, and so affect the general nervous system that dipsomania and its attending evils are the results.

DIPSOMANIA.

"Joy and Temperance and Repose,
Slam the door on the Doctor's Nose."

—Longfellow.

In the whole, broad range of preventive medicine, there is no more useful or neglected subject for investigation than the present condition of inebriates. The question of reformation of drunkards, or those who indulge in intoxicating stimulants, has long been left with temperance societies, philanthropists, and religionists.

Science has only in comparatively recent years established the fact that inebriety is as much a disease as insanity or typhoid fever; the morbid fancies, the subjugated will power, and the abnormal longing for stimulants are symptoms of alcoholic poisoning. Inebriety has been defined as an irresistible, uncontrollable

desire for alcoholic stimulants, which may be either acquired or the result of heredity. In regard to the inheriting of the desire, an eminent French physician says: "As a result of fifteen years' study in hospitals and prisons, I find that twenty-five per cent of the hospital patients inherited vitiated constitutions from alcoholic parents, and that sixty-five per cent of the criminals received the germ of their criminal instinct before birth."

He also says that no habitual drunkard can have sound children, and that, out of several thousand drunkards' children examined, not one exception was found.

On the other hand, inebriety may be acquired by the use of alcoholic stimulants, or it may be caused by an injury.

The patient may be subject to periodical attacks of craving, or may indulge in the continual use of liquor, though limited so as not to result in a drunken debauch.

The craving may be excited by the psychological association of persons or places.

Let the causes of the desire, or the manifestations thereof be as they may, the disease is amenable to treatment, and though every case may not be cured, yet the paroxysms of craving for unnatural stimulants may be prevented in a great majority of cases through wise sanitation, skillful treatment, and correct environments.

The preventive treatment is as varied as the causes which lead to inebriety, the environments of the patient, and the psychological phenomena of the individual. The present methods are inadequate to meet the constant and varying demands.

It is necessary for the well-being of the home, and the safety of the friends, in many cases, for the inebriate to be held in detention, and for the want of a better place the insane asylums are often used for such cases.

This is held by the best authority to be detrimental, not only to the insane inmates, but to the inebriates themselves.

There are in the United States a few Homes, or asylums, for dipsomaniacs, where the care and treatment of those suffering from the different forms of al-

coholic poisoning are made the subject of careful study and thorough investigation. Many have come from these institutions and lived sober lives afterwards.

Quite a number have entered of their own volition, after having made ineffectual efforts to overcome their appetites by personal methods.

But a vast majority of those suffering from inebriety are out of reach of these Homes, and they continue to be a burden to themselves, a disgrace to their friends, and a menace to society.

It seems to me there is a remedy which will do much as a preventive, and by so doing, be a prevention of crime as well, and it is this: That each State provide suitable Homes or asylums, for its inebriates on substantially the same basis that it cares for its insane; that there should be such laws enacted as will make requisite inquisition in each case of inebriety, and provide for such retention and treatment as the well-being of the patient himself and society at large require. The State makes provision for its insane, its feeble minded, and criminals, and why not for its inebriates?

If inebriation were prevented there would be a vast diminution in the number of the insane, the feeble minded, and criminals; and not only of inebriation may this be said, but also of the opium habit, and all other morbid tendencies.

MEDICINE.

Perhaps enough has been said in regard to the legal restraints, and the effect of heredity for the present, and hence we come to the second but not less important division, that of prevention of disease by means of medical or sanitary treatment.

In entering upon the discussion of this branch of preventive medicine, one is astounded at the immensity of the field to be gone over, and almost every day sees the boundaries being extended by the scientific investigations which are being conducted in the many laboratories in this country and in Europe.

Among the pioneers we have the names of Drs. Jenner and Pasteur, both working on the same lines, Jenner pursuing his investigations in the field, Pasteur in the laboratory, the former reaching his

conclusions after a number of years of observation of facts presented to him in the course of a busy practice, the latter by patient experiment in the privacy of his laboratory. Both, however, have done an equal share of labor in ameliorating suffering and preventing the destruction of life by disease.

VACCINATION.

Small-pox was at one time, owing to the fatal and loathsome character it assumed, deemed the most terrible scourge with which a people could be afflicted; they fled from it as from the blast of death; all human ties were forgotten, and the law of self-preservation was the only one which governed the actions of the inhabitants of a community which became infected. Men and women, once stricken, were left to die in the streets, or wherever they were overcome by this fiendish monster, and selfishness reigned supreme in the hearts of men.

This is a picture of the pro-vaccination days. But with the advent of vaccination, how things are changed! Those afflicted are tenderly cared for by physician and nurse, who know they have an impenetrable shield in vaccination, and the people are more and more learning the salutary effects as a preventive, and we believe the mildness of the present epidemic is partially due to the vaccination of the parents. Occasionally we meet with opposition in regard to these prophylactic measures; and, as an argument against vaccination, are cited to cases where the vaccination, as they say, was worse than the disease. It is a lamentable fact that such cases have been, but it is only where the physician or patient was careless, or the virus not pure. To avoid the latter, it is only necessary to obtain the virus from an accredited source.

William Welch, of Philadelphia, who is an acknowledged authority, says, "I am firmly of the opinion that if all persons were properly vaccinated in infancy, and again at the age of puberty, Jenner's prediction as to the power of this agent to extirpate it from the globe, would soon be realized."

"I never saw a case of small-pox in a person who had a typical vaccination within nine years previous to the attack,"

says the Chief Medical Inspector of the Chicago Health Department.

Vaccination has been in practical use by the profession long enough to demonstrate to any intelligent mind the great benefits to be derived from its use, so that little more need be said in regard to it. We come now to the consideration of that disease which is equal, if not superior in rank to tuberculosis, both as to antiquity and destructiveness of human life.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Sex—Dr. Lussier Answered.

BY SILAS HUBBARD, M. D.,
East Aurora, N. Y.

J. G. Lussier, M. D., in a recent issue of the BRIEF, writes that the left ovary produces male ova, and the right female ova.

The Doctor says the mother lying on the left side favors the production of a boy; on the right side a girl.

I will say if the Doctor or any number of physicians would spay many animals on the right side or the left and see what the effect as regards the progeny is, they might refute or confirm the Doctor's theories.

I would suppose that among the thousands of cases of oöphorectomy some surgeon would have discovered whether Dr. Lussier's theories were erroneous or true. Dr. Funhouser pretends that the right testicle produces males and the left females, and that he has demonstrated these assertions by a large number of experiments, but Dr. Lussier does not take any stock in such knowledge, for he says the male has no influence in the production of sex. I would say to every physician interested, overhaul the reports of every tubal pregnancy he can find in which the sex is reported. According to Dr. Lussier's theories every left tubal pregnancy ought to be a male, and every right tubal pregnancy ought to be a female. I would urge surgeons to report their cases in these respects.

Dr. Lussier says in substance if a woman or mare becomes impregnated nine days after delivery the sex will be the opposite

of the last one born, *e. g.*, if the last one born was a male then in the aforesaid case the next would be a female.

I was the first to say the impregnation of an immature ovum shortly before menstruation resulted in a male, and if conception occurred shortly after menstruation the product would be a female.

I will take for example the case of a mare. If she gives birth to a female then she will not be likely to conceive again short of a month, and then as regards the sex of the conception, that will entirely depend on the time of the estrus, when the conception occurred. If the conception occurred in the beginning of heat the result would be a male, and if in the latter half of heat it would be a female.

In the case of the mare giving birth to a male, she would be likely to conceive on the ninth day, which would correspond to the first half of the intermenstrual period, consequently the product would be likely to be a female. I will briefly say again that if a mare gives birth to a female she will not be likely to conceive again short of a month, but if she gives birth to a male she would be very liable to conceive again in nine days, and in such a case as this is where Dr. Lussier was probably deceived; that because a female conception followed in nine days after the birth of a male, therefore he concluded an opposite sex ought to follow alternately at each monthly heat. The same law regarding immaturity and maturity of the ovum generally runs through the whole animal creation.

Some physicians have published the reverse of Dr. Lussier's theories, *viz.*, that the right ovary produces male ova, and the left female ova.

Let physicians confirm or refute any or all of these theories by the means I have indicated, or they can suggest.

Enclosed find post-office money order for one dollar and fifty cents for the MEDICAL BRIEF for 1905, and *Funny Bone*. The BRIEF and its editor are like unto the children of Israel in Egypt, of whom it was said, the more they were afflicted the more they multiplied, and the better they grew.—A. J. WILLIS, M. D., Saratoga Springs, N. Y.

[Written for the MEDICAL BRIEF.]

In Old Roseau—An Idyl of the Caribbean.BY WILLIAM S. BIRGE, M. D.,
Provincetown Mass.

(Continued from page 243.)

The principal town and capital of the island is Roseau. It is a quaint, sombre-looking place, with its long line of sea wall, built of solid stone, ten feet in thickness. The houses, too, have a solid look, the principal ones being wholly or in part built of stone. This does not apply to the native habitations, which are much the same in all the West Indian islands, simply boxes of wood fifteen or twenty feet square, covered with bonnet or thatched roofs. Roseau is a very healthy city and no offensive sights or sounds are to be encountered. There has been no epidemic sickness for years, and very few cases of fever are to be found. There is an excellent hospital situated on Morne Bruce, about two miles from the city, where the poor of the island receive treatment free. It is open daily for the inspection of visitors, and an hour devoted to it is well spent. One ward will be found especially interesting, as it is occupied entirely by patients afflicted with the yaws, a skin disease confined entirely to the negroes, and which manifests itself by an eruption more or less over the entire body. As soon as a native is attacked with this disease he is immediately taken to the hospital, whether he will or no, where he is put on a wholesome diet and under general treatment, when he soon recovers.

The streets of Roseau are free from wheeled vehicles of any kind. Indeed, there is only one carriage in the whole island, and that, like the old fort, in whose courtyard it may be seen, is a thing of the past. The reason for this is easily explained. In the town itself the cobblestone pavements would so shake up a man's interior, were he to drive over them, that it would be simply impossible to stand it; and outside of the town there are no carriage roads whatever. So that it is go on horseback or go on foot. There are many excellent horses on the island, however, and it is really a pleasure to mount one of them and take a ride into the country.

One point of interest in Roseau is the old fort. It is on a hill leading directly up from the water's edge, and commands a magnificent view of the harbor. Many years ago it was garrisoned with troops, and was considered one of the strongest fortresses on the islands; but those times have long since passed away, and the old fort, like the town itself, is a relic of bygone days. The structure is still very solid, and it will be a long time before the hand of time will destroy it. It is now used for police barracks, and the present inspector takes pleasure in keeping the grounds and premises in a neat condition. They are mostly set out to flowers, shrubs and fruit-bearing trees, such as the coconut, palm, limes, lemons and Smyrna figs. The inspector is a very genial type of an Englishman. He is one of the regular army men on the reserve list. He has fifty men under him in all, about thirty being stationed in Roseau. They are all blacks, and receive, according to rank, a salary of from \$100 to \$150. They are quite efficient, and the inspector told me that he had little difficulty in preserving complete order throughout the whole island, with a population of twenty-eight thousand. The natives, as a class, are very peaceable, and most of the arrests are for theft and drunkenness.

There are three religious denominations in the town, the largest of which is the Roman Catholic. The Church of England has a neat little edifice, and is supported by a congregation of about eight hundred. The other, the Wesleyan Methodists, has a small, but zealous congregation, and is regularly opened every Sunday for day services, and twice a week for evening prayer-meetings. Out of a population of twenty-eight thousand nearly twenty-seven thousand are Roman Catholics, and every little hamlet, no matter how remote, will have its church or chapel where services are held. The priests, for the most part, are Irishmen, and a more genial, kind-hearted, self-sacrificing class of men it would be hard to find.

While speaking of churches and ministers, I recall to mind an anecdote in Coleridge's "Six Months in the West Indies," of Mr. Audain, one of the early preachers in the Church of England in Roseau. The story is too good to be lost, and I shall

repeat it as I remember it. The Reverend Mr. Audain was a patriot; few of his cloth like him. He was not content with praying against the enemies of his country; he fought against them also. St. Peter certainly owned a boat, and the authorized translation (Mr. Audain loved literal orthodoxy) intimates a partnership among some of the Apostles in a ship. So Mr. Audain built a schooner and carried on for many years a system of practical polemics with the disputants of the French school, to his own abundant profit and notoriety. Some of the older inhabitants of Roseau can yet remember hearing their parents tell of Audain, with how joyful a rapture this holy Dominican once broke off his service on a Sunday, unable to repress the emotions of his triumph on seeing the vessel of his faith sail into the bay with a dismasted bark laden with sugar, rum and other Gallic vanities from Martinique. It was shortly after this event that the star of Audain began to wax dim. His zeal was equally great, his courage undaunted, but an evil destiny met him at every turn. An acquaintance met him one day in the streets of Basse Terre, in St. Kitts, surrounded by negroes, to whom he was distributing plantains, yams, potatoes and other eatables, and holding private talk with them all by turns. Having caught the eye of his friend, he came up to him and said: "I am going to smuggle all these rascals to Guadaloupe." He did so in his schooner, but himself remained on shore. A privateer of Nevis captured the smuggler before she could get to the market. Audain became furious, went himself to Nevis and challenged the owner of the privateer to fight. The challenge was not accepted, and Audain immediately posted the name of the recusant on the walls of the courthouse as that of a scoundrel. For two days he himself kept watch upon the platform, with sword by his side and four pistols stuck in his belt, to see if anyone dared touch the shield.

Audain fitted out another schooner and sailed in her himself; but fate was too heavy for him, though he struggled against it like a man. On the second day a vessel was seen on the leeward; he found it to be a Spanish trader, and supposing she was wholly unarmed, bore

down upon her as upon a certain prey. When he came within pistol shot fourteen masked ports were opened, and as many guns pointed at him through them. Audain was obliged to strike in an instant, and with the carpenter succeeded in secreting himself under some water casks in the hold of the schooner. The Spaniards came on board and cut every man in pieces, except Audain and the carpenter. These two lay all night under the casks; but in the morning, upon further search, their asylum was discovered. They were brought on deck and the Spaniards were on the point of hewing them in pieces, when their captain exclaimed with an oath: "Hold on, this man's life is sacred and the other's too, for his sake." Audain had formerly done the Spaniards great service at St. Thomas, and it now saved his own and the carpenter's life.

Up to this time Audain, though occasionally non-resident for the aforesaid reasons, had continued minister of Roseau. He was a singularly eloquent preacher in the pathetic and suasive style, and he rarely failed to bring down tears upon the cheeks of most of those who heard him. His manners were fine and gentle, and his appearance even venerable. He was hospitable to the rich, and gave alms to the poor. But his repeated losses were such as to bear a royal merchant down, and the Dominicans became more scrupulous, and a Governor came who knew not Audain. So Audain abdicated the pulpit of Roseau.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Local Application.

BY W. J. SANDY, M. D.,
Martinsville, Ind.

The following prescription is a most excellent application for the relief of pain, whether it be from a neuralgia or a local inflammation from any cause:

R Gum Camphor.....	2 ounces.
Chloral Hyd.....	$\frac{1}{2}$ ounce.
Oil Wintergreen.....	$\frac{1}{2}$ ounce.
Fl. Ex. Cannabis Ind.....	1 drachm.
Alcohol.....q. s.....	3 ounces.
M. Sig.: External use.	

The result of the above combination is a beautiful green, oily liquid, the use of which will often not necessitate the use of the hypodermic to relieve pain.

[Written for the MEDICAL BRIEF.]

**Retrospective View and Discussion
of Modern Surgery, Compared
With the Administration and
Application of Scientific
Medicine.**

BY WILLIAM PROTZMAN, M. D.,
Lincoln, Neb.

Both surgeon and general practitioner of medicine build their future prospects and reputation upon the good they accomplish and praises they receive from the community commending their services. Failures that are usually caused from a wrong diagnosis never receives praise or commendation from the public. Failures that are due to a wrong diagnosis are attributable to a lack of knowledge and application of the fundamental principles of scientific medicine, viz., anatomy, physiology, pathology and differentiation of symptomatology. Surgery is the hand-maid or stepping stone to Nature's laws, it excises foreign pathological matter and coaptates contiguous surfaces to re-establish the normal function of nature's laws. While the application and administration of remedies arrest abnormal functions and pathological tissue changes that establish co-ordination between the various organs and tissues of the body, yet every physician and every surgeon is well aware that where there is a dissolution of continuity of the physiological laws of nature, as exemplified in the deaths of the lamented Lincoln, Garfield, McKinley and thousands of others every day, that neither medical acumen, the fervent prayers of the righteous, the beautiful song of Homer, the Hellenic dreams in mythology nor the farcical claims of Christian science, did not and could not change the vibration of a single molecule to save the lives of those individuals.

But the science of medicine has arrived at an epoch when alluring fascinations for the surgeon's knife has been substituted for the application and administration of scientific medicine. This alluring fascination or craze for the surgeon's knife is not confined to the young graduate with his diploma in the one hand, and a full supply of surgical instruments in

the other, and who locates in either city, town or country with the intention of bringing or exhibiting his surgical skill before the public by his successful operations. He claims to be very ethical, and perhaps in less than a month he performs some capital operation of the abdominal cavity and in a day or two the public is notified through the newspapers of the wonderful operation performed by Dr. —. But this alluring fascination for the surgeon's knife and notoriety is not confined to the young members of our profession; the field is swarming with old practitioners who are unwilling to be outdone by the younger members; they also supply themselves with the latest improved surgical instruments and a work that treats on operative surgery; but the great difficulty the old doctor has to contend with he feels that he has forgotten his minute anatomy, rusty in physiology and pathology, studies that had been relegated to the rear many years, neither has he been taking a medical journal for several years.

But he now begins to review his anatomy, and in a couple of weeks he feels himself qualified to enter the field of operative surgery and accumulate a fortune in a few years, is ready to plunge the knife into the abdominal cavity irrespective of pathological teachings that warns us that the abdominal cavity is a "Pandora Box" for the surgeon's knife, more especially during the acute inflammatory stage of disease. Eager for the fee, he is unable to realize that the success in operative surgery depends more on knowing when, than how, to operate. Neither does he care for the patient's physical condition, but the first case that presents itself that complains with acute or dull pain in the right iliac region and in less than five minutes he diagnoses the case appendicitis that required an immediate operation, providing the patient or his friends have the necessary funds.

Case 2 complains of a metastatic tumor in the abdominal cavity. His case is diagnosed floating kidney and must be operated on providing—.

Case 3.—Pain in the ovarian region; diagnosed either inflammation or ulceration of the ovaries. Must be operated on, providing the fee is guaranteed. The old

doctor, eager for all the surgery in the community, claims great advantages over his young competitor on account of his long experience in the general practice, while the young surgeon, fresh from his college, claims great advantage over his senior brother because he has kept pace with all modern advancements in operative surgery, therefore, his advantages are far superior to the older brother, calls him a "back number" that knows very little about modern surgery, etc.

There appears to be more truth than poetry in the young surgeon's arguments, yet I think the old doctor has great advantages over the young doctor providing he (the old doctor) has kept pace with the advancements of surgical and medical science, which I am sorry to say is the exception and not the rule. Comparatively speaking, is it not a fact that we have not only too many surgeons, but also too many physicians throughout the country, many of whom are not qualified, men who have a very limited knowledge of anatomy, physiology and more especially pathology, without which they make very poor diagnosticians, on which the successful surgeon and general practitioner depends. To illustrate this proposition, I will enumerate a few of the many cases that came under my observation within the last year:

Case 1.—A German lady about fifty-five years old was operated on for a floating kidney. The surgeon made a transverse incision on the right side below the ribs about five inches long, and instead of a floating kidney, he cut down on an enlarged liver, he closed the incised wound and abandoned the case (?), which afterward fell into my hands, and who is now well and hearty. (A wrong diagnosis.)

Case 2.—A rich farmer and his wife, living about twenty miles from the city, came to my office at ten o'clock at night with their only son, about fifteen years old. They had just come from the hospital where they had made arrangements to have their son operated on next morning at nine o'clock for appendicitis, "that the boy was in great danger; could not live forty-eight hours without an operation." I examined the boy closely, after which I informed his parents that the

appendix was not involved and did not require an operation. They had a daughter living in the city; they took the boy to her house, following my directions and in four days took the boy home, who has been well ever since. (Another wrong diagnosis.)

Case 3.—In about six weeks after they had taken the boy home, the mother of the boy came to my office terribly frightened. Her home doctors told her she had cancer of the womb, advised her to go at once to Chicago and have it extirpated. I made a thorough examination and found enlargement and chronic inflammation instead of cancer, which quieted her fears. I gave her constitutional and local treatment and in two months she was entirely well. (Another wrong diagnosis.)

Case 4.—I was called to see a young man about twenty-three years old (milkman), who was suffering with acute pain in the right iliac region. The doctor told his parents in the morning that their son had appendicitis and would have to be operated on at once, etc. I informed his parents after due examination that the case did not require an operation. They followed my directions and in eight days he was on his milk wagon again. (Another wrong diagnosis.)

Case 5.—A young lady about twenty years old, came to my office terribly frightened. I asked her what her troubles were. She informed me that her doctor told her that morning she had appendicitis and would have to be operated on, etc. On examination I found her pain in the left side (?). (Another wrong diagnosis.)

Case 6.—And the last that I shall mention at this time. A young woman about thirty years old and mother of four children, lived about forty miles from Lincoln. She was told by her home physicians that she had a floating kidney, ovarian disease and lacerated womb. She came to the city of Lincoln, where the former diagnosis was verified. After making all necessary arrangements for the three operations at the hospital, her husband brought her to my office. I found a weakly little woman scarcely able to walk or talk. I made a close examination of her condition, but failed to find a floating kidney or ovarian

trouble. All I was able to find was a lacerated womb, in a state of chronic inflammation, her general health very poor, unable to survive, in my opinion, a simple operation. I began treating her with local and constitutional remedies; she began improving at once and is now ready for an operation of her lacerated womb.

And now before closing this part of my subject, allow me to repeat with emphasis, that we have too many professional surgeons that do not possess the proper surgical ability. Before concluding this article I wish to call special attention to the removal of the ovaries and the vermiform appendix. The surgeon that will remove the ovaries, or egg stock of a woman, an operation that not only destroys the sexual appetite, but the primitive cell of procreation, the rearing of a family as well as the vital principles and energies of her life without explaining the physiological action of those organs merely to get a fee, is a greater criminal than the highway robber, as there is not one woman or man in five that know the functions of those organs.

And now a few thoughts on the removal of that little despised organ called vermiform appendix, that is from three to six inches long and about the size of a goose quill, that arises from the lower end of the ascending colon near the cecum. It is formed in imitation of an intestine, hollow and guarded at its origin with a valve and clothed by a fold of peritoneum. Its function is one of the hidden mysteries of nature. Its enemies are legion among operative surgeons, therefore, any acute or subacute pain in the right iliac region is blamed on that poor little friendless organ, that must be removed within a very few hours (?).

Let me ask the reader of the BRIEF: Does it not look very strange that our Creator would place an organ from three to six inches long in a secluded place from other imposing organs, guarded by a valve and clothed with a fold of peritoneum without some specific object? Yet we are told by the operating surgeon that it is a useless body, that can be amputated with impunity, therefore, they get permission to operate. Results—Sometimes the patient dies on the oper-

ating table who was able to walk four or five squares and climb on the operating table himself. If he dies the patient's friends are told the operation was delayed too long, that the appendix had ulcerated and broke into the peritoneal cavity. If the patient survives the operation the surgeon claims a very successful operation, but in about ten days at least fifty per cent die, and at least twenty-five per cent of the other fifty per cent never make a perfect recovery. Yet the surgeon gets more praise for the twenty-five recoveries than the physician gets for saving ninety per cent without an operation. I have had fourteen well-marked cases of appendicitis within the last year, three of whom were to be operated on within a few hours, without the loss of a single patient and without an operation.

And now in conclusion, again let me ask any reader of the BRIEF if the appendix was placed in the human for some purpose or function by excising it, do we not rob the body of that purpose or function that it was intended for by the Creator? If so, is there any wonder patients never entirely recover from the operation?

For the Prevention of Consumption. *To the Medical Profession—*

The next meeting of the American Anti-Tuberculosis League will be held in Atlanta, Ga., April 17 to 19, 1905.

Governor J. M. Terrell has tendered the Hall of the House of Representatives to the Georgia State Capitol for the use of the League during the meeting. He will deliver an address to the League on the first morning, as will other distinguished men.

The opening session is intended to be a broad one, in an educational sense, and the heads of the largest educational institutions of the United States will be invited to be present.

Reduced rates will be had on all roads. Hotel rates will also be made special for visitors. Over one thousand delegates representing the leading national and State medical societies have been enrolled.

Very truly yours,

GEO. BROWN,

Pres. and Ex-Officer.

EXAMINATIONS OF STATE BOARD OF MEDICAL EXAMINERS— NEW YORK.

EXAMINATIONS FOR JANUARY, 1905.
MAURICE J. LEWIS, M. D., Secretary.

ANATOMY.

Tuesday—9:15 A. M. to 12:15 P. M.

Answer any ten of the questions under each heading, but no more. Check the number (✓) of each one of the questions you have answered.

1. Give a general classification of bones and illustrate each class.
2. Mention the articulations of the occipital bone.
3. Mention the muscles controlling eye movements.
4. Describe the pulmonary artery, and mention its branches.
5. Mention and describe the veins carrying arterial blood.
6. Describe the mesenteric glands.
7. Describe the great sciatic nerve, and give its location.
8. Describe the crystalline lens. What changes are likely to occur in the crystalline lens in old age?
9. Give the relations of the gall-bladder.
10. What is the mediastinum? State how the mediastinum is divided, and mention the contents of each division.
11. Describe the vocal cords.
12. Give the gross anatomy of the kidneys.
13. Describe the prostate gland.
14. Describe the ovaries and state their normal relations to the uterus.
15. Mention in order the tissues divided in an amputation of the middle third of the femur.

PHYSIOLOGY AND HYGIENE.

Tuesday—1:15 to 4:15 P. M.

1. Describe ciliated epithellum and give its common location. State the function of ciliated epithellum.
2. Mention the conditions that hasten the coagulation of blood, and state the means that may be adopted to retard or to prevent this coagulation.
3. State the chemical and mechanical functions of the saliva. What relation does the saliva bear to the sense of taste?
4. Describe in detail the digestion and elimination of a breakfast consisting of plain coffee, oatmeal with milk, ham and eggs.
5. How does the nervous system influence gastric digestion?
6. Give the mechanism of respiration. State the effect of respiration on the blood.
7. What are (a) toxins, (b) antitoxins? Give the theory on which the prophylactic and the medicinal use of antitoxins is based.
8. Compare arteries, veins and capillaries as to structure and function.

9. State the effect of (a) stimulation of the cervical sympathetic nerve, (b) section of the cervical sympathetic nerve.

10. What causes the difference between the male voice and the female voice?

11. Give the physiologic and the hygienic effects of (a) cold baths, (b) hot baths.

12. Describe the most approved method of performing vaccination, and relate the complications that may occur as results of faulty methods.

13. What rules in public health administration should be promulgated to prevent the spread of pulmonary tuberculosis? How should a room recently occupied by a person suffering from tuberculosis be disinfected?

14. What is trichina spiralis? Describe the effects of trichina spiralis on the human system.

15. Describe a system of ventilation for a school-room.

CHEMISTRY.

Wednesday—9:15 A. M. to
12:15 P. M.

1. Differentiate mechanical divisibility and chemical divisibility.
2. Describe a method of generating one form of electricity. State the uses of this form.
3. Give the common name, formula, properties, preparation and uses of zinc sulfate.
4. Give the formula and method of manufacture of potassium nitrate.
5. Give the chemistry of hydrogen.
6. Define amid, anilid, radical, chemical chain, residue.
7. Give the symbol, atomic weight and valence of five non-metals.
8. Illustrate the significance of each of the following terminations: *ate, ite, ous, ic, id*.
9. Iodine is precipitated from sodium iodate by sodium bisulfite and sulfur dioxide; describe the reaction in chemical equation.
10. Determine the composition of water by (a) analysis, (b) synthesis.
11. State the composition, properties, and the mode of manufacture of carbolic acid. Give tests for carbolic acid.
12. Describe starch. How may starch be recognized chemically? What substance is formed when diastase or dilute acids act on starch?
13. State the theory of the ions.
14. Mention the principal products obtained from petroleum, and describe the properties of one of the products mentioned.
15. What is the source of uric acid in the economy? Give the formula and properties of uric acid, and mention its chemical tests.

SURGERY.

Wednesday—1:15 to 4:15 P. M.

1. Define contusion, hematoma, synovitis, fracture, dislocation, sprain, sepsis, asepsis, antiseptics, sterilization.
2. What are the characteristics of a chondroma? In what parts of the body are chondromata most frequently found?

3. Give the indications for nephrectomy, and describe the operation.

4. Give the immediate treatment of compound fracture.

5. Mention the varieties of dislocation of the clavicle. Describe the treatment of one variety.

6. Give the symptoms, diagnosis and treatment of gonorrheal arthritis.

7. Define diastasis. Mention the predisposing and the exciting causes of diastasis.

8. Differentiate arterial hemorrhage, venous hemorrhage, and capillary hemorrhage. On what properties possessed by the blood and vessels does the spontaneous arrest of hemorrhage depend?

9. Give the causes and treatment of rupture of the urinary bladder.

10. Give the physical signs of dilation of the stomach following tumor obstructing the pylorus.

11. Describe stricture of the rectum. Mention the causes and symptoms of stricture of the rectum.

12. Make a differential diagnosis of appendicitis and tubo-ovarian disease.

13. Give the causes, symptoms and treatment of acute iritis.

14. What complications may attend internal injuries of the esophagus?

15. Give the causes, symptoms and treatment of erythema pernio (chilblains).

OBSTETRICS.

Thursday—9:15 A. M. to 12:15 P. M.

1. Give a description of the internal female genital organs, and state the function of each.

2. Describe the various stages in the development of sexual reproduction.

3. State the signs and symptoms of pregnancy (a) before quickening, (b) after quickening.

4. Give general directions for the management of a normal pregnancy.

5. What are the causes of toxemia of pregnancy? Give the management, and state the results of this condition.

6. Describe the causes of dystocia as they relate to (a) the mother, (b) the child. Narrate the symptoms, and give the management of a case of dystocia from any cause.

7. Give the scientific definition of (a) abortion, (b) miscarriage, (c) premature labor.

8. Mention the causes of puerperal infection. State how puerperal infection may be prevented.

9. Give directions to be followed during pregnancy and the puerperium for (a) care of the nipples, (b) care of the breasts, (c) care of the abdomen. State method of calculating the date of confinement.

10. Give a clinical description of puerperal insanity. State the causes and management of this condition.

11. When is accouchement forcé indicated, and how should it be performed?

12. Describe the several steps in a high forceps delivery.

13. Mention the indications for puerperal curettage. State the dangers, and give the technic of this operation.

14. Give the causes, pathology and management of salpingitis.

15. How and when should an operation for laceration of the perineum from childbirth be performed?

PATHOLOGY AND DIAGNOSIS.

Thursday—1:15 to 4:15 P. M.

1. What conditions and environments influence body temperature in health? How does injury to the nerve centers influence body temperature? Explain.

2. Define thrombus, embolus, infarct. Describe the mechanism of an infarct in the spleen.

3. Describe the microscopic lesion in infantile spinal paralysis.

4. What is the significance of adhesions in a serous cavity or in a joint? Describe the method of their formation.

5. What retrogressive changes take place in arteries?

6. Describe blood-plates. What blood changes occur in chronic lymphemia?

7. Describe the condition of the urine in (a) chronic parenchymatous nephritis, (b) chronic interstitial nephritis.

8. Give a method of demonstrating the existence of tubercle-bacillus in sputum.

9. What pathologic changes occur in the skin in chronic eczema?

10. Give the technic of a physical examination of (a) the chest, (b) the abdomen.

11. Compare the physical signs of lobar pneumonia with those of empyema.

12. Give the physiologic causes of persistent vomiting.

13. What is leucocytosis? State the diagnostic significance of leucocytosis. Describe a method of counting the leucocytes.

14. Give a description of a typical case of malarial fever.

15. Distinguish functional heart murmurs from organic heart murmurs.

THERAPEUTICS, PRACTICE AND MATERIA MEDICA.

Friday—9:15 A. M. to 12:15 P. M.

" * * * In therapeutics, practice and materia medica all the questions submitted to any candidate shall be chosen from those prepared by the board selected by that candidate, and shall be in harmony with the tenets of that school as determined by its State Board of Medical Examiners."

Laws of 1893, ch. 661, § 146.

Questions prepared by the Board of Examiners representing the Medical Society of the State of New York.

1. Compare strychnin sulfate with strychnin nitrate for hypodermic use.

2. Give the etiology, symptomatology and prognosis of tabes dorsalis.

3. Mention the antagonists of veratrum viride.
4. State the therapeutic uses of gallic acid.
5. Give the causes and results of the uric acid diathesis.
6. State the average adult dose of (a) powdered opium, (b) tincture of opium, (c) camphorated tincture of opium, (d) morphin sulfate, (e) codein.
7. Give the source and the therapeutic uses of terpin hydrate.
8. Give the etiology, diagnosis and treatment of sciatika.
9. Define oxytocic. Mention *three* oxytocics.
10. Give the therapeutic uses of nux vomica.
11. In what disease is hemoptysis a frequent complication? Give the treatment of hemoptysis.
12. Mention *five* saline purgatives, and state the dose of each.
13. Give the therapeutic uses of pilocarpin.
14. How is intermittent malarial fever differentiated from remittent malarial fever? Give the treatment of intermittent malarial fever.
15. What is the chemical antidote for arsenic? Give the dose of this antidote.

THERAPEUTICS, PRACTICE AND MATERIA MEDICA.

Friday—9:15 A. M to 12:15 P. M.

" * * * In therapeutics, practice and materia medica all the questions submitted to any candidate shall be chosen from those prepared by the board selected by that candidate, and shall be in harmony with the tenets of that school as determined by its State Board of Medical Examiners."

Laws of 1893, ch. 661, § 146.

Questions prepared by the Board of Examiners representing the Homeopathic Medical Society of the State of New York.

1. Give the symptoms calling for carbo-vegetabilis, belladonna trillium, millefolium, sabina and secale in hemoptysis.
2. Give the treatment of spasmodic croup.
3. Give the eye symptoms of argentum nitricum.
4. Describe the urinary symptoms of belladonna, cantharis, equisetum, and mercurius corrosivus.
5. Give the medicinal treatment of appendicitis.
6. State the clinical uses of conium maculatum.
7. Describe the hepatic symptoms of chelidonium.
8. Give the homeopathic treatment of pleurisy.
9. Describe the homeopathic treatment of lobar pneumonia.
10. Describe the cough of (a) hyoscyamus, (b) senega, (c) sanguinaria canadensis.
11. Describe the characteristic chest symptoms of antimonium tartaricum.

12. Describe the stomach symptoms of sepia.
13. Give the treatment of a case of gonorrhea.
14. Give the indications for calcaria carbonica in cholera infantum.
15. Give *four* characteristics of pulsatilla.

THERAPEUTICS, PRACTICE AND MATERIA MEDICA.

Friday—9:15 A. M. to 12:15 P. M.

" * * * In therapeutics, practice and materia medica all the questions submitted to any candidate shall be chosen from those prepared by the board selected by that candidate, and shall be in harmony with the tenets of that school as determined by its State Board of Medical Examiners."

Laws of 1893, ch. 661, § 146.

Questions prepared by the Board of Examiners representing the Eclectic Medical Society of the State of New York.

1. What is a styptic? Mention *three* vegetable styptics.
2. Mention the specific indications in a case of albuminous urine with headache and vomiting.
3. Give the source and the uses of atropin.
4. Outline a non-mercurial treatment for the tertiary stage of syphilis.
5. What is potassium citrate? Give the common uses of potassium citrate.
6. Give the specific treatment of heat-stroke, when the patient has a high temperature, and a bounding pulse.
7. State the composition and the uses of compound syrup of squill.
8. State the object and give the process of sterilization of milk.
9. Give the habitat and the botanic description of cactus grandiflorus.
10. Give the specific indications in a case of ascites from lesion of the liver.
11. What is aromatic sulfuric acid? Mention the specific indications for the use of aromatic sulfuric acid.
12. Give the treatment of poisoning by carbolic acid. What is the immediate cause of death in poisoning by carbolic acid?
13. Describe the black mustard plant, and state its medicinal uses.
14. Mention some vasomotor depressant drugs, and give the specific indications for their use.
15. Describe Iris versicolor, and give the specific indications for its use.

Please send me the MEDICAL BRIEF for 1905. It was shown to me a few weeks ago by a brother physician, and I like it very much. Enclosed find the dollar.—EDGAR W. EMERSON, M. D., Manchester, N. H.

[Written for the MEDICAL BRIEF.]

Locomotor Ataxia(?)BY P. W. BLAKELY, M. D.,
Galatia, Ill.

On October 6, 1904, I was called to see a sick man, aged forty-two, weight two hundred and fourteen pounds. A picture of health, said he never had been sick until about September, 1904; from which he claims he has never properly recovered. He was then treated by Dr. J. I do not know the character of his illness at that time, as I have not met the Doctor, but I think it was a malarial and bilious attack, common to this part of the country at that time of the year.

He complained of pains in back of neck and head, just beneath the occipital protuberance, and was vomiting a slimy-looking fluid; said stomach felt like it was trying to turn over. Pulse eighty-eight beats per minute and respiration twenty-four, no elevation of temperature; tongue dry, coated thick, and brown; breath very offensive, so much so that he said it made him heartsick to inhale it. Expression anxious and continually in motion. Face red, with cyanotic flush upon both cheeks, almost characteristic of double pneumonia, but percussion and auscultation revealed no lesion of lungs. Having no pleximeter I employed mediate percussion and immediate auscultation, not having my stethoscope with me.

I had no acquaintance with him, nor him of me. But this is what we need a dose of now and then, if we know how to serve it. However, it limited my duty and increased the burden of embarrassments. He was rational and is very intelligent.

I thought of many diseases and many remedies. Learning that he was a great beer drinker, and that he frequently mixed some whisky with it, I first thought of alcoholism, acute mania, cerebral-congestion, paralysis, and locomotor ataxia.

His intellect and strength were good, but his co-ordinating power was deficient. His eyes were dilated and snapping and darting about in their orbit or fossæ, with spasmodic velocity. Digital examination along the spinous process from cervix to coccx, found no soreness, except upon nape

of neck and beneath occiput. He could not walk without support. Not for lack of strength, but lack of power to direct and govern it.

In walking him across the room his gait was fast, short, uncertain and staggering. Bounding forward, faster and faster, until when he reached chairs he would almost fall upon them, depending upon whoever was assisting him. Much excitement and fatigue; he had diplopia, or more than double vision. He said my spectacle case looked like five or six spectacle cases. Whenever called upon to perform any physical act his eyes would jerk and snap, much worse than when he was endeavoring to be quiet. After examination and from what facts I could just now glean, I was more impressed with alcoholism than ataxia, and bowels being full and somewhat bound; dry, coated tongue and foul breath, seemed to warrant the administration of calomel. I prescribed a few three grain doses of mild chloride, with instructions to work it off in the morning with oil and turpentine. I also left phenacetin to be given in ten-grain doses, to quiet him and produce sleep, if possible, as insomnia was rendering him quite nervous and (I thought) reduce the capillary hyperemia, as I preferred it to morphine, especially when administering calomel. I soon found that I would have to give morphine, one-quarter grain doses, once a day, and a big dose of bromide potassium at night to produce sleep, which was my intention. I found that I would have to increase the morphine, which I did, and this the stomach would not tolerate; so I then cut down on bromide potassium and gave morphine hypodermically. Appetite good. I put him on tincture digitalis in teaspoonful doses, every four hours, with tincture capsicum and elixir pepsin. He seemed to improve and sleep right up to the time of taking medicine and his meals, the last of which he took regularly. He claimed he was much beter and would be out in a few days. Lo! One morning the lady 'phoned me to come at once. On my arrival I learned he had fainted while sitting in a chair a few minutes so his bed could be changed. He seemed to think he had been rendered unconscious for a short time, and said he saw sights that he did not

want to see again. He spoke of it as pertaining to eternity, in some form or other. He had appeared quite hopeful all along and very jolly, but this seemed to discourage and morose him. I cut out unnecessary visiting, noise and light. I had him on this treatment four or five days, and in the way of auxiliaries gave cactus grandiflora now and then, and syrup of hypophosphites, and when it falls in nerve troubles they all fall with me. I had spinal column joints and popliteal spaces shampooed and kneaded with hot, stimulating liniments every day, and now and then a hot sponge bath; also prescribed two tablespoonfuls of good malt whisky three times per day. The appetite during this course was pretty fair, except when bowels would bind up. He would vomit occasionally, but after flushing them out with hot medicated enemas, seemed to relieve these troubles. But after, say, ten days' course of this treatment, his improvement was not satisfactory. So I had them call Dr. Swan, and he made a very thorough examination and suggested that we put him upon iodide of potassium, twelve-grain doses, three times a day. Please permit me to say just now that during all this time I saw nothing materially wrong, except co-ordination, and the spasmodic jerking and snapping of the eyes and the general train of nervousness.

I suggested a fly blister to back of his neck, but he objected, so finally, some one mentioned Dr. F., and he came in counsel and made examination and in consultation seemed to think as I did, and said to apply cerate of Spanish flies and raise a good blister and dress it with cabbage leaves. And we also applied an appropriate poultice to occiput and renewed it for several days. Dr. F. also suggested elixir of iron, quinine and strychnine, iron and gentian. He seemed to improve some, but I fear it will not be permanent. After this course, or during it, we had him try electricity. He has improved very much, but is it permanent? His co-ordination still deficient, and spasmodic snapping of the eyes, but he can see better and walk with aid of a stick.

This man is quite intelligent, has two diplomas on coal mining and surveying; served five years in the United States navy, board of the gunboat Concord, under

command of Captain Asa Walker, alongside of the renowned Bob Evans. He is a grand specimen of mortal man and a Master Mason of twenty-three years standing.

We want help, diagnosis and treatment and opinion of our course of treatment. We will expect many of THE BRIEF family to respond, but as the grand editor's turn comes first we will expect him serve first.

Any personal suggestions will be appreciated.

[Written for the MEDICAL BRIEF.]

Pleurisy Following Mumps.

BY J. W. BRYANT, M. D.,
Shamrock, Missouri.

On the 8th day of April, 1903, I was called to see K. M., aged twenty-seven years, height six feet, weight two hundred and fifteen pounds, complexion ruddy, occupation farming, living near the banks of a water course. I found him in bed with his jaws swollen from the mumps. His right testicle was slightly swollen and painful. There was a slight rise of temperature, a slight acceleration of the pulse, tongue a little coated, no appetite. I prescribed aconite and quinine, and told the folks that I would not be back unless sent for.

On the 11th I was again called, and found the patient with considerable pain in the small of the back (lumbosacral), and increased pain in the right testicle. A hypodermic of one-quarter grain morphia and one one-hundred-and-fiftieth grain atropine injected in the lumbosacral region, and a lotion of opium and belladonna applied to testicle controlled the pain.

On the next day patient complained of a nervous or tingling feeling in his feet, and of inability to keep them quiet. I suspected hypochondria, and thought that by placing my patient on a tonic to improve his appetite, he would soon be up. From this time nothing noteworthy occurred, excepting neuralgic pains shifting to different points of the body, till the afternoon of the 24th of the month, when the patient himself called to me over the 'phone, stating that he had a soreness in the stomach "just like he had been

beaten." In a few minutes another message came that he could scarcely get his breath, on account of the sharp pain in the right side. When I reached him I found patient with a pulse at eighty beats to the minute, temperature 101° F., moist surface. Morphia was given by the mouth, and a mustard draft applied over region of pain in the right side. The pain shifted to a point midway to the right groin from the point in the side, but became permanently located in the right pleura by the next day.

Opiates and plasters failed to do more than soften the pain, perspiration became profuse, pulse rose to ninety, temperature remained at 101° F. The third day after the pain became pleuritic I decided upon venesection, and opened the cephalic vein of right arm, extracting thirty-two ounces of blood (the patient being decidedly robust), and continued to apply the mustard draft. I also administered capsules of morphia, acetanilid and quinia. The patient kept easy all that day, was entirely without pain that night and next morning had an appetite for a light breakfast, this, the fourth day of the pleuritic pain. At three P. M. I was 'phoned that the sore feeling had returned to the region of the stomach. I 'phoned back, mustard draft to stomach and morphia tablet by mouth. At four P. M. I was surprised with the request (from the mother) to meet another doctor in consultation, but acquiesced. The pulse at no other time had reached as high as one hundred and the temperature had been no higher than 101° F., but upon reaching the bedside I found the patient with a pulse of one hundred and thirty, and a temperature of 103° (sublingual). The kidneys had not been sufficiently active from the onset of the pleuritic trouble. Micturition was infrequent, scanty and highly colored. Upon standing a few hours in the vessel the bottom and sides were left painted a blood red.

Upon consultation the treatment was somewhat changed. We applied a plastic dressing over the inflamed pleura. Morphia hypodermically was continued; acetate of potassium was added to the prescription (already given) of saw palmetto and couch grass, capsules containing quinine, acetanilid, caffeine, sodium and antipy-

retics, were given for the pain. For the heart aconite was increased to five drops every three hours; calomel was given to stir the liver, which had all along been torpid. Physical examination showed effusion in the right pleuritic cavity.

Next morning temperature was down to 99 4-5° F., pulse eighty-eight, respiration (which was always short and rapid when suffering pain in the pleura) was now about normal. The appetite had slightly improved from the day of blood-letting. Each day for about five days, there was a recurrence of the pain in the stomach, but so light as to be controlled without morphia. Patient slowly progressed to recovery.

I consider the blood-letting and plastic dressings of first importance in the case. The plasters were of sufficient size to cover entire right side, and were an important factor in easing pain and absorbing or extracting fluid from pleura.

In this case the plaster itself was not only saturated with moisture when taken off, but the entire body of patient would be covered with perspiration so profuse as to resemble rain drops.

The mumps claimed my attention from the 8th to the 15th of April. The pleurisy called for close attention from the 20th of April to the 6th of May.

[Written for the MEDICAL BRIEF.]

Carbolic Acid in Vomiting.

BY M. DILLS, M. D.,
Carlisle, Ky.

I desire to call attention to the administration of carbolic acid in cases of vomiting, I care not from what cause.

Clinical.—A patient with extreme nausea, pain in stomach and bowels, stomach irritable and vomits everything taken; cause frequently unknown. Dissolve one minim carbolic acid, pure, in ten minims alcohol. Put this in half-glass of water, and give teaspoonful every thirty minutes until patient is relieved.

In sub-acute troubles we so often find in children with diarrhea, I find nothing equal to this. Here is a remedy too much neglected. You know its properties, do not hesitate to give it. You will be well paid for the trouble.

[Written for the MEDICAL BRIEF.]

Chicken-Pox.BY ANSEL STRICKLAND, M. D.,
Cumming, Ga.

As there has been so much diversity of opinions in regard to the differential diagnosis of cases of chicken-pox and small-pox, and that we find so little written on chicken-pox of late date that the rising generation of physicians has lost sight of this disease, calling it modified small-pox. I have been treating chicken-pox for the last twenty-five years, and for the last four years I have been back-tracking its history, putting together all the reliable history on the subject that I could find from the year 1550 up to the present time, and such points in its history that were not definitely settled I have carried on the necessary experiments to settle them beyond a doubt.

In carrying on my experiments I have been careful to keep the patients well isolated, so that there could be no room for doubt. The additional points which I give in the history of chicken-pox are facts brought out by a number of experiments, and not merely hearsay.

In the year 1550 we find a Sicilian physician describing this disease with considerable accuracy. In the year 1646 we find Riverius describing the same disease in about the same words.

Morton, in the year 1690, gave to it the name of chicken-pox, as he found the period of incubation in all of his isolated cases to be twenty-one days, and that being the period of incubation of a chicken, he thought it an appropriate name. Up to the time of Morton this disease had many names, to-wit, varicella, because it resembled variola; chrystal-pock, because in some persons the vesicles had a shiny look; water-pox, because they found the vesicles contained nothing but water; and hog-pock by others, because in the bad cases, when the scales began to shed, had the appearance of a hog with the mange.

In the year 1820, Dr. Thomas, of Edinburgh, Scotland, wrote that he had watched cases of both small-pox and chicken-pox in the same hospital at one and the same time, and that he was forced to decide

that either chicken-pox and small-pox was one and the same disease, or that one gave protection against the other for some time, as those patients that were carried to the hospital with the chicken-pox did not contract the small-pox, although they were in the same ward with small-pox patients, nor did he see any of the small-pox patients contract the chicken-pox.

Dr. Eugene Foster, of Augusta, Ga., said that he had seen cases of chicken-pox in the small-pox hospital of Augusta, Ga., and that he had further noticed that if he had the chicken-pox cases carried away from the small-pox hospital as soon as they were able to travel that they did not contract the small-pox, but that years afterwards some of them, thinking that they were immunes, did take small-pox.

Dr. Foster said that he thought the most of the so-called second attack of small-pox occurred in this way. Dr. Calhoun Fisher, of Atlanta, Ga., said that he very often saw well-developed cases of chicken-pox in the small-pox hospital of Atlanta, Ga. He further said that as soon as he saw the chicken-pox cases he would separate them from the true cases of small-pox, and as soon as they were able to travel, sent them home. Dr. Fisher further said that he never saw a patient have both chicken-pox and small-pox at one and the same time.

I can say that I have vaccinated a patient that had been through a small-pox hospital, thinking that he had had a case of true small-pox, the vaccination taking well, proved to me that I had found one patient that had ridden through a small-pox hospital on a chicken-pox back. I never have been able to vaccinate any patient that has had true small-pox. Dr. Williams, on vaccination, says that no person can be vaccinated after he has once had small-pox, but that chicken-pox occurs both before and after vaccination. But no writer says that a patient can be vaccinated while he is afflicted with chicken-pox; they all say after and before, and none say how long before or how long after.

A patient of mine was exposed to chicken-pox. I put that patient in a room with five others and isolated them. On the seventh day I vaccinated the entire

crowd, and to make sure work I vaccinated the one that was exposed to the chicken-pox in thirteen places. Now, mark you, the five unexposed patients took well, while the exposed patient did not take, although he was vaccinated in so many places from the same virus as the others. This showed two things: that the virus was good, and also that after a patient had chicken-pox in his system for seven days he could not be vaccinated. On the twenty-first day after the exposure that patient broke out with chicken-pox. None of the other five took the chicken-pox from this one, as they all had good sore arms from the vaccination when this one broke out. They all stayed in one small room. I made this same experiment over and over, for two years with the same results.

I went to another house where there were four cases of chicken-pox well broken out, and paid them to let me vaccinate each of them every eighth day until the vaccination would take. I used arm to arm vaccination in these cases to be sure of a take, but none took until after the eightieth day. They all took before three months' time was out. This same experiment was carried out in a number of cases in two years' time, with the same results. Vaccine points can not be depended upon in test cases; you should always use arm to arm vaccination in test cases.

No patient can be vaccinated after he has had small-pox; on that point all writers agree. No patient can be vaccinated after chicken-pox has entered his system, until said chicken-pox has passed out of his system. No patient will take small-pox while he is broken out with chicken-pox, although he be in the same room with small-pox. No patient will have both chicken-pox and small-pox at the same time.

In all isolated cases the period of incubation of chicken-pox is twenty-one days, so said Dr. Hudson, of New York Polyclinic, and many others. And in over thirty cases that I isolated to test, I found it twenty-one days; none went over that time and none went under, from which it took the name of chicken-pox. Some writers said that it took its name from the fact that the little pits left by it

looked like a hen peck; if that were true, then it should have been called hen-pock.

Chicken-pox is but slightly contagious and only while the fever is on the patient, and that may be for five days or for fifteen days, owing to the length of time the fever holds to the patient. I knew a man to sleep with his wife while she had it, and not take it, but a month afterwards took it from one of his children. This family consisted of nine members, and it took over three months for the chicken-pox to go through the family, with no deaths, while small-pox would have gone through this family in about twenty-eight days with at least three deaths.

Some writers say that it is only a disease of childhood, but Dr. Eugene Foster, of Augusta, Ga., said that he had seen it in patients of all ages. Dr. Williams said that he had seen it in patients of all ages. Also Dr. F. H. Dillingham, Professor of Dermatology in the New York Polyclinic, said in the *MEDICAL BRIEF* for January, 1905, that he had seen this disease in adults. That idea that chicken-pox was only a disease of childhood was conjured by the city physician.

I saw a family that had it, the youngest of which was one year old, and the oldest was seventy-two years old, all down with it at the same time. No doubt about this family having chicken-pox, as I kept the family isolated, and after ninety days I vaccinated them, and it took well, and to further show that it was chicken-pox, I did not have them to use any disinfectants in the house, and others came and went to the house after they were well, and it did not spread. I made a test case out of this one to show that adults did have chicken-pox.

No one is exempt from chicken-pox unless he has already had it, or at the time of his exposure he has a fresh small-pox vaccination on his arm, and then only for a short time. Most people that live in the cities have it before they are ten years old, as they mix and mingle so much, but not so in the thinly-settled country, where they are seldom exposed. No person can take chicken-pox while he has a fresh vaccinated arm. I have tested this several times, but after his arm gets well he will take it.

Chicken-pox is not so fatal as measles, but resembles measles in one thing, to-wit, the older the patient, the worse it hurts; the younger the patient the less it hurts. The breaking out begins on the body, and in bad cases it extends to the inside of the hands, also bottom of feet and mucous membrane of the mouth.

The vesicles when fresh have water in them, and come in crops, fresh one every day for four or five days; some of the vesicles are umbilical, the scab is small and thin. There is an intense itching with the forming of the vesicles, and if at this stage it is rubbed or scratched it will leave a deep scar that will be for weeks getting well, but if the patient will not scratch or pick at the scabs, there will be but little scarring.

When a mulatto negro has the chicken-pox and gets able to go to his daily work, you will see a black spot where each vesicle was; that spot will be much blacker than the other skin, but said black spot will gradually fade away, and in about twelve months the entire skin will have regained its natural color. Go to a patient that has begun to shed his chicken-pox scabs, and look at him close, and you will see that the water in the vesicles was between dermal and the epidermal coats of the skin. Do not stand off twenty feet and try to form a diagnosis. The following is what every physician should remember:

- Chicken-pox but skin deep.
- Small-pox to the bone;
- Chicken-pox fades away.
- Small-pox holds its own.
- Chicken-pox scars fade very fast.
- Small-pox scars hold to the very last.

There is nothing in the name chicken-pox that indicates that it is a disease of childhood. While we are told by the older medical writers that the word small was put before the word pox in changing the name of variola to small-pox, as they found it so fatal to children. Ninety per cent of the children that had small-pox died with it.

Differential Diagnosis.—The period of incubation in chicken-pox is twenty-one days, and the period of incubation in small-pox is fourteen days only. On that point I will say that I collected the data from over one hundred cases, where there

could be no doubt, and fourteen days was the time, not from seven to twenty-one days, simply fourteen days. I wrote letters to a number of small-pox experts, so-called, and they all gave the period of incubation as fourteen days. One expert told me of the following case where it was doubtful, to-wit, a negro was put in jail; he asked that his coat be sent for; the coat was brought to him and hung up in his cell. On the twenty-first day after that coat was put in the cell that negro broke out with small-pox. That could not be used as a test case, for it might have been seven days after the coat was put in the cell before he contracted the small-pox. The man that brought the coat to the jail did not take small-pox from it.

The mortality among children in chicken-pox is only one death in three hundred cases, while the mortality among children in small-pox is put down ninety per cent. Quite a difference.

Very few people die with chicken-pox, while small-pox kills about half of its victims. Chicken-pox is but slightly contagious, while small-pox has the reputation of being the king of contagious diseases. Pick a fresh chicken-pox vesicle and you find water; prick a fresh small-pox bump and you will strike a hard knot like a shot under the skin, and not in the skin, and the small-pox scabs are large, thick and dark, hard to detach, and if you will dissolve one in water it will vaccinate any unvaccinated person, although it may be years old.

Chicken-pox scabs are small, yellow, thin and easy to detach, and I have not been able to vaccinate any one with chicken-pox scab.

Very often when there is an epidemic of some skin disease that looks like small-pox the physicians disagree as to whether it is chicken-pox or small-pox.

How to Settle It.—First take the period of incubation in the isolated cases.

Second, pick the fresh bumps. If find water, say chick.

Third, whether new vesicles appear each day for four days.

Fourth, size and color of scabs.

Fifth, vaccinate the patient from arm to arm vaccination, after he has been well ninety days.

Sixth, look at the pits, say one year after he gets well.

Seventh, the death rate.

Treatment.—All the standard works on chicken-pox say no treatment is necessary. I will give the results of my experiment in treating three cases in one family at the same time.

To case No. 1 I gave chalk in ten-grain doses three times a day. To case No. 2 I gave alder teas hot, three times a day. Case No. 3 I gave whisky freely like a case of measles.

Look at the results:

No. 1 fared well, had but a few bumps and no pitting.

No. 2 fared bad, had to go to bed, was very well covered with the eruption.

No. 3 fared very bad; it got into his hands and the bottoms of his feet, mouth, nose, and successive crops kept on coming out as long as he took the whisky.

Now if any doctor wants to scare everybody in the country over a case of chicken-pox, and make the case resemble a case of small-pox, give the patient plenty of stimulants, and it will convert a mild case into a confluent one. The best treatment is ten grains of chalk three times a day. Chalk three times a day is a favorite prescription.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.

BY J. W. LOCKHART, M. D.,
St. John, Wash.

[Comment on Dr. Blair Article.]

I have just been reading Dr. Blair's article in the March number of the MEDICAL BRIEF, and am not a little interested therewith. That doctor writes with that sweeping assumption of facts and theories that is more characteristic of fancy than of sound reason. For instance, the Doctor assumes, without any show of demonstration, that because the death rate from typhoid fever in certain cities diminished almost simultaneously with installation of filters for the water supply that the diminution of the death rate was due entirely to the purer supply of water. The fact is well established beyond controversy that the death rate

from typhoid fever and other diseases varies greatly not only for different years, but for different series of years in cities and rural districts without any appreciable change in the sanitary conditions.

I have had an interesting experience with typhoid fever that I would like very much to have some one who believes in the germ theory explain. For nearly twelve years I had the medical practice of this town and surrounding country entirely to myself and have had, of course, an excellent opportunity to observe certain diseases, especially typhoid fever. I could never see my way clear to believe in the germ theory of disease, and consequently have paid but little attention to the disinfection and disposition of discharges from the sick. For several years I had from four to seven or eight cases of typhoid fever to treat each year. Then came a year in which I treated fifteen cases, all except four being in the country where there had never been any case of typhoid fever. Five of these cases occurred in one family where the drinking water came through a pipe from a spring forty rods from the house. The next year I treated five or six cases of this disease, and the year after fifty-five cases, mostly in town. Reaping the reward of former carelessness! I hear the bacteriologists say. But the fact is, that in only one instance did the disease occur in any house or on any premises where there had ever before been a case of this disease.

Since that epidemic, that is, for the four years last past, there has been from two to four cases of this fever in town each year, and in only one instance has the disease reappeared on any premises where it had been before. The year before last there were but two cases here, and both of them were in a new house in a new addition to the town and quite remote from any other residence. The water supply was from a new well. This year the same thing was repeated, only in another house. The general water supply is from wells from fifteen to twenty-five feet deep. The soil is porous and easy of penetration by disease germs. There is no sewage system, and no sys-

tematic effort at sanitation. The population of St. John is now about six hundred, and is rapidly increasing.

These statements can be substantiated by affidavits, if necessary. There is no fancy or imagination here. If the germ theory of disease, and that of a germ-infected water supply as the cause of typhoid fever, is not one of the colossal mistakes of the age it must be that some unseen power has performed a stupendous miracle here in this little burg. What became of all those myriads of fever germs with which the soil must have been polluted four years ago? Who will rise and explain?

This State is cursed with a pure food law that would be intolerable were it not for the fact that it is not enforced. A law recently enacted makes it a criminal offense for any one to sell a little milk to a neighbor for a sick child unless his cow has been "endorsed" by the State Board of Health. It is a crime to sell milk that has been subjected to a temperature of 55° F.; that contains any pathogenic germs, or any foreign substance whatsoever. "Foreign substance whatsoever" is quite a sweeping term and only milk treated by the very best of "separators" would be at all marketable. See! If you keep a cow for your own milk supply and sell your neighbors a little milk in order to lessen the expense of the cow, buy one of my "separators" or quit selling milk. The number of germs which milk may contain is also fixed by law, and if after having your cow "endorsed" by the State Board of Health and buying a separator the bacteriologist should swoop down on you and find a few too many germs, either patho- or non-pathogenic, in the milk you sell, you can pay fifty dollars fine and go to jail for three months (unless you can compromise (?) with the bacteriologist for a less amount). The argument in favor of this kind of legislation has ever been and always will be: "The health of the people must be the supreme law of the land," even at the expense of liberty destroyed, and the shackles of tyranny riveted upon the individual citizen.

[Written for the MEDICAL BRIEF.]

A Peculiar Case of Labor.

BY T. CHAS. HUXTON, M. D.,
Grand Medical Examiner of the Tollers' Fraternity and Coroner of Macon County, Ill.
Decatur, Ill.

It is with some hesitancy I pen the report of this case, but owing to its peculiarity I would not think of mentioning it, though it may put some one in a better position to diagnose and treat intelligently another such case.

Mrs. S. L., aged thirty-five years, gave birth to a seven-pound child; the labor was normal, no difficulty, placenta delivered in ten minutes clean, not a break in the membranes surrounding it.

The first seven days she did well, and on the night of the eighth about ten P. M., I was called. On arriving I found her vomiting, temperature one degree below normal, 97½° F. Pulse weak and wiry, beating but sixty-three times per minute; tetanic contractions of the abdominal muscles, clonic contractions of the muscles of the genital tract, pains almost equal to her travail. Could not elicit any history of chill or fever, the evening diet being two poached eggs, a piece of toasted bread, some butter and a glass of milk.

I administered

R. Calomel	½ grain.
Ipecac	½ grain.
Sodii Bicarb	½ grain.
Digitalis	½ grain.
Acetanilid	3 grains.

Vomiting ceased, but the temperature did not raise to the normal. The pulse was still growing weaker from the effect of the acetanilid. I then administered hypodermically—

R. Glonoin	1/40 grain.
Digitalis	½ grain.

This brought the pulse up to normal.

The next morning I returned. The temperature was still low, pulse weak and wiry. I then ordered a hot water douche, the water to be not less than 80° F., and in a few minutes the pulse rose to normal.

I elicited the following history: 9.30 copulation.

If you want to make sure of getting the BRIEF send your dollar now.

INDEX, MAY, 1905.

	PAGE.
A Political Directory....	354
A Practical Insole.....	362
Alcohol	387
Alcohol, Wood, Pernicious Uses of.....	410
Anatomical Material, Some Observations Up- on the Preservation of.	400
Anesthesia, Dental.....	368
At What Age is a Man at His Best?.....	359
Bellevue's Diet Kitchen..	358
Consumption, Pure Air For	432
Cooks and Doctors.....	353
Cough Following Colds..	432
Diagnosis, Blood, Pre- determination, Revela- tion and Treatment of Diseases by.....	361
Dressings, Plaster of Paris, Removal of....	375
Drink Habit, The.....	408
Editorial	353
Embalming the Dead, the Principles and Practice of	363
Examination Illinois State Board of Health, Jan- uary 19-21, 1905.....	424
Fever, Childbed, Some Notes on.....	429
Fever, Malarial, The Cause of.....	397
Fever, Speculative.....	357
Fever, Typhoid, On Diet in	396

	PAGE.
Forceps Application, A New Resource in.....	427
How About Your Di- ploma?	429
In Old Roseau—An Idyl of the Caribbean.....	414
Infant Mortality, Our Frightful, Caused by Poverty, Disease and Ignorance	420
Labor, Painless.....	428
Lemons, Medicinal Po- tency of.....	418
Let Me Whisper in Your Ear	355
Liquor Ferri Persulphatis	415
Malaria, The Prevalence of	385
Measles	383
Medical Fisherman, The.	427
Medical Reorganization..	416
Mistakes, Recital of....	431
Monopoly	422
More Caution Necessary.	355
Oil of Hyssop.....	430
Ophthalmology, Modern, Some Elements in....	389
Pains, Pelvic.....	384
Plant Structures Versus Plant Fragments.....	401
Pneumonia, Some Obser- vations on.....	419
Preventive Medicine....	405
Pro Bono Publico.....	426
Prostitution, A Plan to Regulate	381
Protect Your Normal Vitality	356

	PAGE.
Question?	431
Reminiscent Chats.....	360
Scabies and Its Simplest Form of Treatment...	393
Sciatica	430
Sex Question, The.....	423
Suggestion, Therapeutic: What Is It?.....	412
Surgery, Modern, A Brief History of.....	402
Texas State Board of Medical Examiners, Meeting of.....	432
The Provincial Hospitals of England.....	371
Therapeutics, The Un- dulatory Theory in....	417
Tonsillotomy	378
Truth Will Out.....	357
Tuberculosis—A Prevent- able and Limitable Dis- ease	379
Tuberculosis, Alcohol for —Whiskey, Beer and Wine Useful for Con- sumptives, Says Dr. Wiley	356
Urethra, The Treatment of the Pathological Conditions of the, by Means of the Modern Urethroscope	375
Uterus, Malignant Dis- eases of the, The Im- portance of Early Diag- nosis in.....	394
Women, Intellectual Exer- cise of.....	428



R. N. B. SHADE, late editor "North American Medical Review," in an article as to how to manage nervous and spasmodic affections successfully, ("Medical Progress") in part says :

"All I think of taking with me on a night call is Bromidia and Papine, in addition to my pocket case. It matters not whether I find a case of cramp colic, hysteria, spasms, insomnia, dementia, hypochondriasis, croup, spasmodic asthma, abortion, a fracture, neuralgia, rheumatism, cholera infantum, or what not, for in Bromidia I find a remedy that can be relied upon in all cases where the muscular, mucous, or nervous system are out of harmony, In many cases I find Papine should be prescribed with Bromidia where severe pain accompanies nervous conditions, insomnia, appendicitis, cramp colic, fractures, surgical operations, etc. In all cases where morphia is indicated, I find in many cases insomnia and nervous conditions accompanied by pain, incident to rheumatism, etc., Bromidia and Papine act admirably, given in teaspoonful doses before retiring. No bad effects follow, no constipation, no nausea, no checking of the secretions, so that the business traffic of the system is not interfered with whatever."

BATTLE & COMPANY,
Chemists,
SAINT LOUIS.



William K. Otis

M. D., Professor of Genito-Urinary Diseases, New York School of Clinical Medicine; Consulting Surgeon to the City Hospital; Attending Surgeon St. Mark's Hospital; Attending Surgeon West Side German Dispensary; Fellow of the New York Academy of Medicine, etc. New York City.



Robert Dwykes M.D.

Professor of Larynology and Rhinology in New York Polyclinic Medical School and Hospital; Surgeon Polyclinic Hospital (Nose and Throat Department); Fellow of the Academy of Medicine; Member of the State Medical Association; Member of the American Medical Association; Member of the American Laryngological Association; Member of the American Otological Society; Member of the American, Laryngological, Rhinological and Otological Society; Member of the County Medical Society, Pathological Society, etc. New York City.

THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
OF ANY MEDICAL JOURNAL IN THE WORLD

J. J. LAWRENCE, A. M., M. D.,
Editor and Proprietor

Terms, \$1.00 a Year, in Advance
SINGLE COPIES, 10 CENTS

Foreign Subscriptions (Postal Union), 7s. 6d.

NINTH AND OLIVE STREETS
ST. LOUIS

ASTOR COURT BUILDING
NEW YORK

Foreign Office: Auckland House, Basinghall Ave.,
London, E. C., Eng.

VOL. XXXIII.

ST. LOUIS, MO., MAY, 1905.

No. 5

Editorial.

Cooks and Doctors.

A close observer must have noticed the part which specially prepared foods play in the treatment of disease. Already in some of the large cities we find diet kitchens, in which easily digested and pre-digested foods in considerable variety can be had on the doctor's prescription.

In the smaller cities and towns, however, progress in this direction is slower, and the doctor finds it necessary to supplement his knowledge of drugs with a knowledge of the preparation of foods. The time is fast coming when we shall give fewer medicines, and accomplish more by means of foods especially adapted to the needs of each individual case.

The doctor can not know too much about foods, their chemistry, preparation and particular value in correcting states of malnutrition. One diathesis, for instance, is greatly benefited by the use of fruits. In another their use, even in mod-

eration, causes irritation and diarrheal disturbances. Some are omnivorous eaters of fruit, others require a careful selection.

The same may be said of vegetables. There are times when a purely vegetarian diet will lessen excitability, reduce blood-pressure, enable the system to free itself of waste, and encourage recuperation. But in a case of intestinal indigestion, anemia, depression, or where the patient is suffering from phosphaturia, the doctor will have to depend principally on animal food.

It is marvelous to see how the work of digestion can be reduced by the scientific preparation of food. Nor are such foods insipid by any means. The educated palate is not only gratified, but immediately detects the digestibility of these products.

Cooking has become a science as well as an art, and the coming doctor has got to be a good cook and a physiological chemist as well. The successful doctor of the future will have to know enough about the preparation of foods for the sick to judge whether they are properly done or not,

and to demonstrate the correct method of preparation where necessary.

The up-to-date doctor is not afraid of compromising his dignity by anything he may do in the interests of his patient. *Knowledge, not dignity, is the main desideratum of this age. The single aim of the modern man is to secure results.* The doctor who can go down into the kitchen and show the cook how to prepare a diet which his patient's feeble digestive organs can manage is "solid" with that family.

Read everything that comes your way on the dietetic value of food, then make a practical study of the subject at first hand. Remember that medicines can not correct pathological conditions where an incorrect diet is the principal cause of trouble. Many foods are absolutely spoiled in the cooking. They are overdone or underdone. One is as bad as the other. A food which is overdone is robbed of much of its nutriment; if it is underdone, too much work is thrown on the digestive organs.

Starchy dyspeptics are benefited by the proper cooking of amylaceous foods, using first one then another, never more than one such food at a meal.

The increasing draught upon our vital energies caused by the high pressure at which we live, is bound to make the subject of dietetics a very important one. To know the value and place of a food, and how to prepare it, must be a part of the doctor's equipment in the near future. Get ahead of the times, Doctor. Be on the alert for suggestions along this line. Get all the information and practical knowledge that you can. Let the other fellow do the dignity stunts if he wants to. You look after results, and your patients will cleave to you.

A Political Directory.

It is to be hoped that the American Medical Association will not be gully, as announced, of publishing a political directory of its membership, thus seeking to give the inference that a man is not in good standing unless he is a member of the association. To do a thing of this kind would be rank folly; in fact, it would be the ruin of the A. M. A.

Suppose any religious body should issue a statement that the members of its particular church were the only Christians. Such an action would bring it into ridicule, and do more harm than good.

Certain ideas which once obtained have been outgrown and outlived by the intelligent and progressive spirit which dominates our age. To go back to them is to invite failure, and bring one's self into disrepute.

The day is past when a man can be forced to do a thing. It is true that trusts, trade-unions, political machines, and other organizations are constantly attempting to compel men to do things where they can not reach them by logic, but such methods invariably cause a reaction in sentiment, which will finally overwhelm the offender, and bring about defeat.

The idea of publishing a directory to imply that members included therein are more ethical than non-members is unworthy of the intelligence of those supposedly responsible for it. There are good men in the association, no doubt, but there are equally good men outside. To attempt to use the association to take an unfair advantage of the outsiders will smirch its good name, and forever injure its usefulness.

The association was formed for a legitimate purpose, not to be used as a club in the hands of a few. It will cause general regret to see it losing sight of its real object, and falling into the hands of politicians.

Between the present-day self-consciousness of ethics and the tricks of the politician, medicine is likely to have a bad time of it. The best thing the individual doctor can do is to steer clear of unwise advisers, would-be leaders and organizers, and saw wood for a time.

That old notion of the elect is exploded, and neither the A. M. A. nor any other organization can revive it by any device, however ingenious.

We hope they will think better of the directory business. There is too much good old Americanism in the breast of the average doctor to stand for subtle and invidious distinctions. He is not to be scared nor compelled. Any systematic effort to do this will end by disrupting the association.

More Caution Necessary.

We are satisfied that there are many thousand habitual users of morphine in this country who have been made such by an unintentional lack of care and thought on the part of the physician.

Whenever a doctor gives a prescription containing morphine to use internally, or by hypodermic injection, he should take care to prevent the patient from knowing what he is using, as far as possible, and in all instances instruct the druggist not to refill any prescription containing morphine.

Doctors, themselves, are not aware of the fact that many patients have prescriptions containing morphine refilled time and time again, long after the indications for the drug have passed away. This continues for weeks, months, years, perhaps, until the patient becomes a helpless victim in the clutches of the morphine habit.

Do not take it for granted that things are going to go right because they ought to. Do your part by cautioning the druggist not to refill such prescriptions, and guard your patient, as far as you can, from a knowledge of what they are using.

There is a certain amount of temptation to the druggist in this matter of refilling prescriptions, as it is just so much business to him, but few will take the responsibility of disregarding the physician's instructions on this point, so that the matter is practically in the hands of the doctor, and we repeat that he can not observe too much caution in a matter which affects the health and welfare of his patients.

It would be a good thing if the physicians of this country could have an understanding on this matter of prescription refilling. If doctors unite in the determination to stop it, it can be done. The refilling of any prescription, unless ordered by the doctor, is a matter of doubtful policy, since drugs are prescribed to meet certain definite indications, and unless these are present, harm rather than good may be done.

Drugs are potential agents, and require to be used with the same skill essential to the safe handling of sharp-edged tools.

There is no doubt whatever about it when it comes to morphine. The pre-

scription simply should not be refilled without fresh instructions from the doctor.

It is needless to dilate on the evils of the morphine habit. Every doctor has been made heart-sick by the spectacle, and only needs to have his attention called to one of the methods by which the habitue is made, to induce him to use every possible precaution to avoid being himself the unwitting instrument of any man or woman's downfall.

Let Me Whisper in Your Ear.

We were very much amused the other day to hear a man tell how scared he was on falling ill in a little village, lest he should not be able to get home to his own physician, but fall into the hands of a country doctor. We remarked to him that some of the best physicians in the world were country doctors. He scouted the idea, but it is true, nevertheless. Locality has nothing whatever to do with the caliber of the physician. Some of the ablest physicians we have ever known have been country doctors. There are plenty of good doctors in the cities, of course, but the mere fact of being a country doctor in no way affects a man's ability. The country doctor is just as well posted as his city brother, and is usually a man of surprising culture and refinement as well.

We take this occasion to whisper in your ear, and say that if the Editor of this journal were sick to-day with typhoid fever, pneumonia, or something else, he would just as soon be in the hands of some country doctors he knows as any city physicians he has met.

The Editor believes he knows what he is talking about. For some years he practiced medicine as country doctor, village doctor and city doctor, and as Editor for thirty-three years of the largest circulated medical journal in the world he has met a good many doctors, and we say right now it is not locality but the man himself who counts.

The good doctor, wherever he lives, is a man of independent character, a man who investigates and decides for himself, who has the courage to give his patient whatever he believes is indicated without

regard to what people with axes to grind may have to say about it. Such a man is not caught by the ethical pretense intended to make him deprecate himself, and so fit him for leading-strings.

Men of this independent stripe, capable, original, self-reliant, are found in both city and country. They are the men who keep the profession from going to the dogs while the organization takes all the credit.

Protect Your Normal Vitality.

Did you ever stop to think of the duty you owe to yourself, your family, and your patients, to protect your normal vitality so that your powers may be always at their best?

How, for instance, can the doctor make a careful diagnosis, or decide on the best treatment when he is in a worn-out, devitalized state? The doctor may, perhaps, ask how is it possible for him to care for himself when he is liable to be called out any hour of the day or night in all weathers. We acknowledge that it is not so easy for the doctor as for some other men, but it is an old saying that where there is a will there is a way, and if the doctor bears in mind the necessity of caring for himself as a very fine piece of vital mechanism, he can do much to keep himself in a normal condition.

The same doctor who writes out a carefully considered diet list for a patient, will take liberties with his own stomach, going past his meal hours, letting his stomach grow faint and weak, then crowd it with indigestible matter. He will take whisky or morphine to keep up his strength by dulling his sensibilities, when a light lunch which he could carry in his pocket would answer the purpose much better. Two or three raw eggs well beaten and flavored with a dash of sherry or a little lemon juice, or a pint of milk chocolate, might be bottled and carried in a pocket to be used as a safe fillip to the flagging energies.

The doctor needs regular outdoor exercise as much as any man. His blood needs oxygenation, his glandular and circulatory apparatus needs the mild stimulation of the walk in the open air. Digestion and assimilation can not be kept normal without it. Air and sunshine are tonics

which men, as well as plants, need in order to thrive.

The body contains a very large percentage of water, and this needs to be constantly renewed for health. A stale man is much like any other stale piece of meat—full of impurities. Renew the fluids by drinking plenty of pure water. The kidneys and skin will not do their work well without enough outdoor exercise and an abundant supply of pure water.

Another important thing as necessary to doctors as other men, is mental rest and recreation. The doctor loses much sleep necessarily, and he should cultivate the art of making the mind a blank and catching a nap whenever he can snatch a few moments. He should also think to a purpose about his cases, and then dismiss them absolutely from his mind. Mere worrying over them will do neither his patients nor himself any good.

The doctor will do well to cultivate, as far as possible, any other taste or talent he may have as a relaxation and diversion from the more serious business of his life. There is nothing more soothing to the nerves than music, if the doctor is fond of music, and if he is unable to play an instrument himself, and none of his family are proficient performers, there are a number of automatic instruments on the market which make very satisfactory substitutes.

Whatever you do, find a way to change your thoughts from time to time, and let the hard-worked parts of your brain recuperate.

Keep your vitality up to the normal, that you may do your best work, and get some enjoyment from life as you pass along.

Alcohol for Tuberculosis—Whisky, Beer and Wine Useful for Consumptives, Says Dr. Wiley.

PHILADELPHIA, Pa. — Diet as a factor in the prevention and cure of consumption, was dwelt upon by Dr. W. H. Wiley, chief chemist of the Department of Agriculture, before the American Association for the Advancement of Science.

He said that among the food material which had justly attained a high place as nutriment for persons troubled with tuberculosis, is alcohol. Most commonly it is used in the forms of beer, wine,

whisky and brandy, he said. In many maladies, he added, whisky and brandy had apparently been used to great advantage and doubtless such was the case in tuberculosis.—*New York Times*.

Dr. Wiley is right. While no other one agency has been so abused, or done so much harm in the world as the inordinate use of alcohol, yet, in moderation, it unquestionably occupies a high place in therapeutics.

While the careless prescribing of wines and liquors for patients may, and undoubtedly often does, put them in the way of a deplorable habit, there are also times and cases where nothing else will do so much good.

Discretion should be used in the choice of a beverage where alcohol is deemed necessary, and the patient should be cautioned in regard to its use, should have it impressed upon him that it is a medicine, potent, and capable of effects as baneful as good, if improperly used.

Speculative Fever.

Speculative fever is getting to be more common every day. All walks of life are affected by it, especially the professional class to whom theoretical profits appeal more strongly because of their lack of commercial training.

You would be surprised to know how many doctors and lawyers, in receipt of good incomes, habitually keep themselves poor through a desire to speculate in Wall Street. The place is invested with a glamor for those who do not understand its workings well enough to realize how many disappointed hopes, crushed hearts, and ruined lives the speculative fever is responsible for.

The fact is, a man ought not to speculate in any outside business, least of all the stock market. There are risks of a legitimate sort which every man must meet in his own line, but these he is supposed to know enough to foresee and provide for. These will tax his resources sufficiently without adding a burden of anxiety in the shape of unnecessary speculation.

An old writer on this subject has said: "Do not speculate, but if you will, do nothing else." Devote your time and attention to a thorough study of the sub-

ject. Investigate the different properties whose stocks you are dealing in, study the money market, the general feeling of buoyancy or depression, keep up with every rumor set afloat. Your broker is not going to worry about you. He will try, in a general way, to protect your interests, but you are only one among many, and he gets his commission whether buying or selling, gaining or losing.

Save your surplus money and invest it in selected real estate, the value of which can not be wiped out in a few hours by a canard started on the street by some inside manipulator of a particular stock. Buying stocks on a margin is a thing no man would do in health, but when the speculative fever gets hold of us, we fairly rush on to destruction.

If you must deal in stocks or in bonds, make a wise selection and buy outright. Then if the market rises and you choose to realize a few thousands, well and good. But that is not speculation proper, and in these days of commercial revolutions, labor wars, etc., no one can tell how long the stock and bonds of even the older and more prosperous corporations will retain their value.

If you put your spare money into carefully selected real estate, it will always be there, and as the population grows more dense, it is certain to rise in value. Whatever you do with it, put it into something you know all about. Keep out of the stock market. Do not let the speculative fever get hold of you. Like drink or cards, or any other vice, it grows on you. If you are so unfortunate as to win at first, you want to go on and on; if you lose, you feel that you must recoup your losses.

The fellow who should invent a cure for the speculative fever would have a very good thing of it, provided the victim could be gotten to take it. The trouble is they so often do not wish to be cured of a complaint so full of lures and excitement.

Truth Will Out.

It is a well-known fact that the truth will always out.

Take the case of Mr. John D. Rockefeller, the Standard Oil magnate, who a few days ago entertained the members of

the Young Men's Bible Class at the clubhouse, No. 11 W. Forty-Fifth Street, New York.

During his talk Mr. Rockefeller turned, smiling, to greet a robust German, and said:

"How is your health now?"

"Excellent," said the man. "I have followed your advice about chewing my food and my dyspepsia is cured."

"I am glad you took my advice," said Mr. Rockefeller, "for your looks show that you have benefited by it. Look at me! I weigh two hundred pounds and am to-day in the best of health. Seeing me now you perhaps don't recognize the lanky, decrepit old form in which a certain paper delights to picture me. But, of course, I suppose many of you don't believe what you see in the papers."

"We certainly don't," came from about six young men at once.

"Well, I believe in the papers," replied Mr. Rockefeller. "Give them liberty and freedom of speech. I believe in liberty. The readers of the papers are intelligent, and they soon sift truth from untruth."

The newspapers usually depict Mr. Rockefeller as a dyspeptic, wan and thin, whereas, according to his own statement, the reverse is true.

It is getting to be a habit with the press to make loose, careless statements, which is to be regretted, as it causes people to lose confidence in newspaper accounts of things. People are finding out that they can not afford to believe what the press tells them unless there is some way to verify the report.

Accuracy of statement should be the ideal of all publications.

Bellevue's Diet Kitchen.

Doctors who visit New York City should not go away without inspecting the new diet kitchen at Bellevue Hospital. It has only been in operation a short time, but already notable effects have been accomplished by the special diet provided for those whose cases are most amenable to a scientific application of the diet system.

Below we give a copy of the diet prescription used by the physician, which shows the various preparations kept on hand, or made to order, as the case may be.

A visit to this kitchen will furnish the doctor many valuable hints on the suitable preparation of foods for the sick. The first thing you notice is the exquisite

cleanliness, system, and order which prevail. The equipment for the purpose in view could scarcely be bettered. Only gas is used as fuel, it being easier to regulate. A slow, even heat is used, in most instances, and many of the preparations are cooked in double vessels.

Certain preparations made from the legumes are allowed to stand in water over night, and subjected to a prolonged mild heat, husks and other insoluble matter being removed by straining. The finished product is incredibly smooth, fine, appetizing, digestible, and nutritious.

The pancreatized meat is served in a crumbling condition, very light and porous.

The beef juice is prepared by lightly broiling round steak, and cutting in suitable pieces for feeding the press. Its nutritive value might be still further increased, we should think, by adding either the white or the yolk or the whole of an egg. Eggs are not much used in the diet kitchen at Bellevue, however, except for making custards and other light desserts.

Broths, chicken, beef, mutton, etc., plain, predigested, or with the addition of cereals, macaroni, are prepared with a care which redeems them from the old contemptuous designation of colored water. But few cooks can make a really nourishing and acceptable broth, as the doctor knows to his cost.

Gas has been piped around a circular table, or counter, in the diet kitchen, to utilize space, and burners are attached at regular intervals on which minor dishes are prepared.

The bread is baked in large, crisp loaves, in a moderate oven, so that the moisture may not be all driven off before the desired changes can be fully carried out. Bread so baked is never soggy or heavy.

Cornmeal is used freely in the preparation of a most delicious gruel. Needless to say, milk and cream are consumed in large quantities.

The doctor will quickly see what benefits would accrue to diabetic and Bright's patients, those suffering from a variety of digestive disorders, and that vast number of people who have congenitally weak stomachs, and can not manage the hearty

food which constitutes the diet in ninety-nine per cent of the families of any community.

Malnutrition furnishes the soil of disease and failure. Find a way to nourish the patient properly, and then it becomes a comparatively easy matter to handle the disease. We hope to see the day come when every city and town shall be provided with one or more diet kitchens, equipped to provide patients with the special diet prescribed by the doctor, just as prescriptions for drugs are now filled by the pharmacist.

Physicians who may visit the Bellevue kitchen on a tour of inspection may be assured of most courteous treatment from the pleasant and efficient lady manager of this department.

DIET KITCHEN—BELLEVUE HOSPITAL.

The following articles of special diet can be furnished for patients upon written order of visiting physicians and surgeons:

Orders should be received before four P. M. to be furnished the following day.

		11 A. M.	3 P. M.	REMARKS
BROTH:	Plain Pancreatized With cereal Beef juice			
MEAT:	Dark meats Chicken Fish			
SOUPS.	Clear Cream			
CUSTARDS:				
DESSERTS:				
CEREALS:	Mush Gruel			
LEGUMES:				
BREAD:	Graham Gluten			

Ward _____

Date _____ 1905.

Visiting Physician or Surgeon.

At What Age is a Man at His Best?

A good deal of contention has been stirred up by Dr. Osler's statement that a man of forty is beyond practical usefulness, and one of sixty should be painlessly removed from this sphere of action.

No rule can be laid down to determine at what age a man is at his best. One man may be at his best at forty, another at sixty, or even later. It all depends upon the habits, environment and vitality of the individual man.

Some men are born splendidly endowed with health and strength. These men in-

evitably forge to the front, take on heavy responsibilities, and frequently strain their powers before they reach forty. Another type of man with shrewd and discerning mind, but delicate health, requires time for development. He has got to go slow, learn the science of life and how to make the most of his resources. Such a man often reaches forty before he has done more than make tentative efforts to accomplish something. His best work is done after forty, sometimes after sixty.

Sweeping conclusions, drawn from a few data, are almost always misleading. That is the trouble with Dr. Osler's statement.

Undoubtedly many men who want to begin where their fathers leave off, to reach the pinnacle of success in a few years, do strain themselves to the breaking point, and are mental and physical wrecks at forty. No one knows this better than the doctor who is every day called on to make good the ravages caused by fierce and incessant competition.

Then, too, the habits of a man often prematurely age him. We all know, for instance, that even the moderate use of alcohol produces degenerative changes in the tissues comparable to those of old age. The vital organs of the regular moderate drinker are older than those of the abstainer, and his expectation of life is less. Such a man is really older at forty than the abstainer is at sixty, or even seventy. And many men are not moderate in their use of alcohol, or temperate in any other respect.

The majority of people, especially those who have fine physiques, and who, consequently, do not suffer at every indiscretion, live constantly at a high pressure, eating, drinking, smoking, keeping late hours, squandering vitality thoughtlessly in many ways until they fetch up with a crash, and are never good for much afterwards.

A delicate man, on the other hand, early learns, through suffering, to economize and conserve his vitality. He regulates and systematizes his life, avoids everything likely to injure him, builds up and fortifies himself in every possible way. He is pursuing a diametrically opposite course to the man who, at the

start, had every advantage of him. To judge both by the same rule is absurd.

So, we repeat, the question at what age a man is at his best is an individual one, depending upon the habits, environment and vitality of the man.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys! how are ye to-day?

You've all heard that old saying "One man's meat is another's poison." Well, it appears that every man's meat is to some extent a poison. At least, there are certain poison bodies present in flesh meats and meat extracts, glandular organs, such as liver and pancreas. They are also present, in less quantity, in oats, potatoes, onions, asparagus, and pulse foods, and act injuriously on weak constitutions, or where digestion is not so good.

These poison bodies are somewhat stimulating, and make the work of ridding the system of its waste heavier. Foods, such as eggs, milk, cheese, butter, sugar, white bread, rice, lettuce, cabbage and cauliflower, are free from these poisons, and a diet selected from these articles is the very thing for persons whose digestion is weak and who suffer from chronic malnutrition.

Similar poisons are found in tea, coffee and cocoa, but they pass out of the system quicker, and unless used to excess are not so hurtful.

Say, boys, don't forget that constipation is a very important factor in causing gout, rheumatism, and similar diseases. The best way to cure it is, of course, by diet and exercise. Medicines relieve constipation, but don't often cure it. When the digestion is good, the bowels will empty themselves regularly, and without trouble. Don't fail to go into the question of diet, including how much water is taken in each twenty-four hours, insist on open-air exercise, on the patient's not keeping Nature waiting for any reason, and have a look at the feces for inside hints as to what is going wrong.

Say, boys, the juice of chelidonium majus is said to remove corns and warts. Has anybody in this crowd tried it for this purpose? This remedy has a decided

action on the gall-ducts and bladder, but is harsh, and should not be used except in chronic and depressed states affecting these organs.

A bright fellow can work wonders with a reliable preparation of cactus grandiflorus in all those states caused by weakness and derangement of the heart's action or the vaso-motor nerves. It steadies and strengthens a weak and irritable heart, and is of use in many neuralgias due to imperfect circulation in the parts. Angina pectoris and tic douloureux, two very stubborn and painful diseases, are benefited by a good preparation of cactus. The heart symptoms of the dyspeptic and the smoker yield to it. It's great to sustain the heart in fevers, infectious diseases, pulmonary troubles, and wherever the struggle is a long or a hard one. Be sure to get a good preparation, and you will be pleased with your results.

Boys, caulophyllum is better than ergot to keep the pains steady and regular in childbirth. I use a tea, and give it freely. The dose of the fluid extract is about half a teaspoonful, given every hour, or oftener if needed. It makes delivery easier and quicker, and *post-partum* hemorrhage is the exception where it is used.

Say, asparagus is a first-class article of diet for those whose kidneys are sluggish, and fail to throw out the normal percentage of solids. By the time this BRIEF reaches you, this vegetable will be in the market. Give such of your patients as need it a hint of its medicinal value.

Hydrastis is an old-fashioned but useful remedy when the veins are feeble and dilated. In varicose veins, hemorrhoids, chronic ulcers, and similar states, hydrastis will do good work for you.

Say, boys, remedies directed to lessening spinal irritability and weakness are of the greatest value in many cases of diabetes and albuminuria. When you get in a hole, or whenever there are spinal symptoms, give the two viburnums and a good fluid preparation of scutellaria a thorough trial. I'll wager you will learn something to your advantage.

Give sulphur a trial in stubborn parasitic diseases, whether situated internally or externally.

Myrrh is a remedy of much value in diphtheritic cases where the mucous

membranes are of a dusky hue, and the discharge is very offensive. The dose should be small, about two drops of the tincture in a little glycerine every two hours for a child of seven.

Say, belladonna has vitalizing properties, and often acts very nicely, especially in cases of subnormal temperature, and general depression.

Well, so-long, see you later.

[Written for the MEDICAL BRIEF.]

Predetermination, Revelation and Treatment of Disease by Blood Diagnosis.

BY ROBERT LINCOLN WATKINS, M. D.
New York.

(Continued from page 327.)

Case 4. Apoplexy.—Mr. W. gave the following history: His father died of apoplexy within one-half hour from the beginning of the attack. Others of the family had died in the same way. It seems inheritable. The patient had been suffering for a year and a half from a severe neuralgia in the left side of the face, fullness and pain in the head, insomnia and vertigo.

The blood revealed embolic fibrin-clots. Mr. W. was told his danger, which he suspected. He willingly submitted to a rigid diet and appropriate medicine for the absorption of the clots. He began at once to improve, continuing to do so for two months, when he experienced a relapse. The pain remained a few days, but the same treatment two weeks longer fully cured him.

In apoplexy, fresh blood always shows characteristic products, long before the patient experiences any symptoms.

Case 5. Tuberculosis of the Lungs.—Mr. M., twenty-four years old, was brought to me eight years ago by his father, for examination and treatment. he had suffered for a year with a cough, excessive expectoration and night sweats. Consumption was in the family. The blood examination disclosed this disease in its second stage, corroborated by physical examination of the chest. After treatment demanded by his case, he fully recovered in six months. Other afflicted

members of the family followed this treatment and were materially benefited.

Case 6. Consumption of the Bowels.—Mrs. W., of California, sixty years old, complained of diarrhea and shortness of breath. Her blood showed chronic consumption of the intestines. The photomicrograph showed the adhesiveness and scarcity of the red cells and excess of the white cells. She materially improved in four months. A picture of the blood three years later showed a reduction of the white cells with an increase and less adhesiveness of the red. During the last six years she has traveled much in this country and abroad.

Case 7. Mistaken Consumption.—Ten years ago I was called to examine a physician who was confined to his bed with a cough, pain in the chest, expectoration and fever, and he feared consumption. The blood revealed no tuberculous matter whatever. He was carefully treated, recovered in a few weeks, and is now living in Harlem, attending to a large practice.

Case 8. Syphilis.—Fourteen years ago, a friend from Providence called at my office complaining of a severe headache, which I soon relieved, and according to custom examined a specimen of the blood. There appeared to be present the syphilitic germ; but being a well-known friend, the truth was doubted and another specimen requested. Closer examination revealed the same indisputable evidence, and after casting a searching look at the patient, the specimen was again studied. "Why do you look at me that way?" he suddenly asked. The answer was, "When did you contract syphilis?" "Why, I never had it," he replied. A further examination only confirmed the others, and on being so informed, he admitted it. I advised him to begin treatment for syphilis, on his return to Providence. He was dissuaded therefrom by several physicians, who disagreed with my diagnosis and also with each other. In 1899 he wrote for my opinion of a growth extending half way down the side of the tongue. Several physicians diagnosed the case as tuberculous, while others advised amputation of the tongue. Despite the above, I wrote him to be treated for syphilis, which he did, and in 1900 was fully recovered.

Case 9. Eczema.—Mr. C. came to me on the recommendation of a friend. He had suffered five years from an incrustated eruption on both the palm and the back of the right hand. The man was a carpenter, and, being obliged to use his hands continually, had been wearing a glove, not only during work, but to cover the disfigurement. It was so disgusting that a skin specialist had photographed it. Several prominent physicians had treated him with no result. The blood examination revealed presence of inherited syphilis and eczema. My treatment consisted of medicine to drive the disease out of the blood, together with a carefully regulated diet. The patient showed immediate improvement, and in two weeks laid aside his glove. In two months he was entirely cured of the eruption.

Case 10. Eczema.—No. 9 reminds me of the worst case of eczema I ever saw. It was that of a woman twenty-four years old, who was brought to my office ten years ago, by her mother, on the recommendation of a prominent physician. She was heavily veiled, for she was that horrible to look upon that for three months she had not ventured to leave her home. The eruption completely covered her from head to foot. The blood revealed eczema but no syphilis, and the cells were deficient both in number and quality. A photograph of the blood was taken, as usual, at the beginning of the treatment. She was placed under a competent nurse, who was given military orders concerning the treatment, and the blood was examined from time to time to note progress. Although the case, on account of many complications, was very exceptional, it was fully and forever cured in six months.

Case 11. Rheumatism. Fat. Paralysis.—Mrs. A., who was suffering from Rigg's disease of the gums, was sent by her dentist for a blood examination. Her height was five feet and two inches, and she weighed two hundred pounds. The blood showed free, fat globules and amorphous urates of rheumatism. This indicated apoplexy, rheumatism and heart paralysis. She had never yet had any symptoms of these diseases. Two months later I treated her for acute rheumatism

and heart trouble. After nine weeks, the urates and fatty globules had disappeared and her weight reduced to one hundred and seventy pounds.

Ninety-five per cent of the human family show rheumatism in the blood, with or without symptoms.

20 West Thirty-Fourth Street.

[Written for the MEDICAL BRIEF.]

A Practical Insole.

BY FREDERIC GRIFFITH, SURGEON,

Fellow of the Academy.

New York City.

The homely truth in the saying that many people dig their graves with their teeth has its counterpart in the frequency with which dangerous diseases, particularly of the respiratory tract have their beginnings traceable when carefully studied to disturbance of the circulation from either a chilling or a condition of continuous coldness of the feet. While the amount of perspiration from the sole of the foot varies in different individuals, there are very few who will not show a perceptible moisture in the sock or stocking sole after a brisk walk, or a few hours' wear. A factor not generally noted by people who say that their feet never perspire is that of atmospheric temperature and degree of humidity, which acts upon the invisible perspiration from all of us. Insoles, as made, are of divers materials, and have in view either elevation of the wearer's feet from the ground without external thickening of the shoe sole, or act as absorbent.

A simple, practical method of insole manufacture for individual use is as follows: Place the stockinged foot upon a folded newspaper, and with the point of a scissors outline the foot. By cutting out eight to twelve thin, absorbent insoles are produced which may be inserted one at a time or in twos and threes, depending upon the amount of moisture to be taken up. The papers may be changed daily, or more frequently, depending upon the length of time the comfortable feeling which their use imparts continues.

49 East Sixty-Fourth Street.

THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.,
EDITOR AND PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

NEW YORK OFFICE, ASTOR COURT BLDG.

FOREIGN OFFICE:

AUCKLAND HOUSE, BASINGHALL AVE., LONDON, E.C., ENG.

Vol. XXXIII. May, 1905. No. 5

SUBSCRIPTION RATES—INVARIABLY IN ADVANCE.

United States and Canada, . . . per annum, \$1 00

Foreign (Postal Union), . . . " 7s. 6d

These rates include postage.

Advertising rates sent on application.

All subscriptions will be discontinued at expiration unless renewed.

The Medical Brief will not be sent unless paid for in advance.

One Dollar per year in advance.

Write only on one side of the paper.

See how short and plain you can write.

Write articles intended for publication, and matter for editor, on separate pieces of paper.

Articles sent for publication in the MEDICAL BRIEF must not contain more than seven hundred words. Short, practical, brief items always wanted.

The MEDICAL BRIEF is mailed on the first of each month. If a number fails to reach you we will supply it, provided we are notified within a month.

The Editor is not responsible for the articles of contributors. The MEDICAL BRIEF aims to publish articles on both sides of a question.

MEDICAL BOOKS.

We supply any MEDICAL BOOK, no matter by whom published, post-paid, on receipt of publisher's price. Send for our Catalogue.

Address, MEDICAL BRIEF, St. Louis.

The MEDICAL BRIEF has the largest paid circulation of any medical journal published anywhere.

[Written for the MEDICAL BRIEF.]

The Principles and Practice of Embalming the Dead.

BY JOHN GEORGE GARSON, M. D. (EDIN.),
Vice-President of the Anthropological Institution of Great Britain; Honorary Corresponding Member of the Anthropological Societies of Paris, Moscow and Rome; Adviser on Identification to the Home Office; Late Swiney Lecturer to the British Museum, and Lecturer on Comparative Anatomy to the Charing Cross Hospital. London, England.

[No. 1.]

During the time which has elapsed since man first arrived at the stage in his psychological development of showing regard

for the body of his dead, two main objective ideas appear to have dominated his mind, with respect to the disposal of the corpse. The first and oldest and, also, undoubtedly the most widely-distributed of these is to bring about dissolution of the body under favorable conditions, while the second is to preserve it from the natural process of decay which follows the extinction of life. The former object has been most usually effected by interment in the earth, whereby a passive disintegration is brought about without the loathsome and offensive conditions being obvious which are attendant on decomposition in air, or on the surface of the ground.

From earth burial to cremation is but a step, as in the latter the same idea holds as in the former, but much more rapid disintegration of the body into its formative elements is the chief object in view. There are, it is true, several other subsidiary ideas often entertained regarding it, such, for example, as the purifying influence of fire, and the like. The practice of thus rapidly reducing the dead body to ashes is known to have existed from about the middle of the bronze-age period, and has been extensively adopted in many parts of the world from times of antiquity to the present day as a means of disposal of the dead.

The second idea, that of preserving the dead from decay, is the antithesis of the first. And although it can claim considerable antiquity it has only been carried into practice as a social custom in comparatively limited areas, but these are sufficiently isolated from one another to indicate that it has been evolved from several independent centers. We find it carried out in its simplest form by exposing the corpse to the desiccating influence of the sun and wind till the aqueous fluids of the tissues have evaporated, a method which is still practiced in some parts of the world by savage tribes. In other countries, where the climatic conditions are unfavorable for this method or for other reasons it is impracticable, artificial, or more correctly, chemical, means have been adopted to effect the same purpose. These are known to us as *embalming*, so named from the aromatic substances formerly used in the process.

It is beyond the scope of this paper to trace the history of embalming or to enumerate the various processes devised for the purpose by the nations, ancient and modern, who have practiced it. I may, however, state that from the time of the earliest dynasties, dating as far back as about five thousand years B. C., and onwards, it was employed on a large scale by the ancient Egyptians, and formed a part of their cult. Their methods of performing it improved till it was brought to a high degree of perfection, but as it ever continued to be in the main a process of pickling (the physiology of the circulation of the blood being unknown to them), it always required much time and labor to effect. The custom of embalming also extended to other neighboring nations, amongst whom may be mentioned the Assyrians and Persians, but they never attained the same degree of proficiency in the art as the Egyptians. On the other side of the Atlantic the ancient Peruvians adopted it, and reached considerable proficiency in the art. On the extinction of these ancient civilizations the practice of preserving the corpse from decay was discontinued in these countries, and, but for the writings of classical authors and specimens of the art still extant, the methods then employed would have been entirely lost to us.

Although it is improbable that among modern nations the custom of embalming the dead will ever become as commonly practiced as it was in the halcyon days of the ancient Egyptians, there will always be a certain number of cases in which it is required. Among European nations it has been the custom for many centuries past to deposit the remains of crowned heads and other persons of high rank and importance in mausoleums or vaults, and in the present day when large fortunes are not uncommonly made in commercial enterprises, this mode of disposal of the dead is, with increasing frequency, adopted by rich members of the community.

In cases of mausoleums and vault burials the body is first placed in a wooden shell, outside of which is a metal coffin, hermetically closed, and this last is encased in an outer coffin of oak or some other wood. Formerly the body was al-

ways embalmed before being placed in the coffin, but more recently the practice seems to be very often to trust to the coffin being air-tight to prevent putrefaction and secure the preservation of the body, decomposition being arrested as soon as the available oxygen in the tissues of the body itself and in the coffin has become exhausted.

In England the metal coffin is made of sheet lead weighing four pounds to the square foot and measuring only one-sixteenth of an inch in thickness. Upon the efficient soldering of the joints and the imperviousness of such a sheet of metal to the pressure of the gases of decomposition, which are at first generated within the coffin, depend not only the effective preservation of the body, but also the sanitary condition of the building in which the remains are deposited. That this pressure is considerable is demonstrated by the fact that sometimes the lead coffin becomes what is termed "blown," that is to say, bulged out at some particular point, and, lest a burst should occur, has to be treated by puncturing it to allow the pent-up gas to escape, after which the puncture is filled up by a drop of solder. A "blown" coffin shows that the joints of the metal were thoroughly well-soldered and the sheet-lead out of which it was made was thoroughly sound and impervious, otherwise there would have been leakage of the gas and the coffin would not have become "blown." It is well known, however, that imperfections, not detectable with the naked eye, are liable to be present in all thin-rolled metal sheets and may also occur in soldering of joints. From either or both of these sources an escape of the gases of decomposition is liable to take place, and the serious danger of causing an unsanitary condition of the place of sepulture is incurred quite needlessly, because the generation of the gases, the cause of the evil, may be entirely prevented by embalming the body in the first instance. I, therefore, very strongly urge that in all cases where burial of the dead is to be made in mausoleums or vaults the body should be thoroughly embalmed, as well as placed in a coffin rendered air-tight. By this means alone can the sanitary conditions which are necessary to ensure im-

munity from danger to the health of the living, be adequately secured, and for this reason embalming should be much more frequently employed in these cases than it is at the present day.

It sometimes happens that death unexpectedly occurs when an individual is visiting some distant country, and the relatives may determine that the remains shall be taken to the home of the deceased for interment, to reach which a journey by sea and land, requiring several days or weeks for its accomplishment, may be necessary. In such cases it is quite as important as in mausoleums and vault burials that the body should be thoroughly embalmed, in addition to being placed in a coffin which has been hermetically sealed. Indeed, it is much to be desired that the shipping companies should insist on reliable medical evidence being supplied to them that both these conditions have been fulfilled before receiving a corpse for shipment from England to America, or between any two ports situated even in temperate latitudes, when the journey exceeds two days. It is true that many ships are fitted with refrigerating rooms and apparatus capable of maintaining a sufficiently low temperature to prevent any putrefactive changes taking place in the body during the voyage, which might be utilized without resorting to the measures just recommended, but it must be remembered that decomposition always occurs rapidly after a body is removed from the cold, and if the funeral can not take place immediately after this is done disagreeable consequences are certain to arise. Embalming should, therefore, never be omitted even when death has occurred at sea and no air-tight coffin is to be obtained; though in such an emergency the cold chamber would be useful if available at the time.

There are many instances where it is necessary to prevent the occurrence of decomposition only temporarily, so as to make it possible to keep the body longer than could otherwise be done without inconvenience and detriment to the living, until arrangements made for its interment or cremation can be carried out, or to enable relatives of the deceased to come from a distance to attend the ob-

seques. This is especially likely to occur in hot weather and when death has resulted from causes well-known to be followed by rapid decomposition of the body. In such cases embalming is required, but the process need not be carried out to the same extent or the same chemical substances employed as when permanent preservation of the body is the object in view.

Embalming, as practiced at the present day by competent persons is much more simply and expeditiously performed than in ancient times, only a few hours at longest being required now, instead of about two months, as Herodotus tells us was taken by the Egyptians to produce their best work. There is no violent manipulation of the body required now, as was formerly necessary, when the removal and destruction of the thoracic and abdominal viscera and of the brain were the preliminaries of the procedure by the Egyptian methods. Upon this score it is sometimes necessary to reassure relatives of the deceased, who often imagine that embalming involves considerably more interference with the body than a *post-mortem* examination of the various viscera. To lay open the thorax and abdomen would be to seriously impede the modern operation of embalming and render it much more difficult of performance. So much is this the case that when a *post-mortem* examination is required as well as embalming, the former should not be done until after the embalming process has been completed, except in medico-legal cases, where there is a suspicion of poisoning, when it is absolutely necessary to do the *post-mortem* examination first and make the best of the unfavorable conditions resulting from it for the embalming, as will be later explained.

The best period to select for the operation of embalming in temperate climates is about twenty-four hours after death, when, as a rule, rigor mortis has to a great extent passed off and the tissues are somewhat relaxed. When the weather is hot or decomposition threatens to set in early, the operation may be done sooner. The presence of putrefaction is not, however, a real hindrance to embalming, which will not only at once stop any further putrefactive changes from occurring,

but materially improve the appearance of the body. Whenever, therefore, the physician or surgeon observes any indication of decomposition approaching more rapidly than usual before the date fixed for the interment, it will be well for him to advise that steps be taken to arrest it by having embalming done in a form suitable for the case, rather than to direct, as is often done, that the coffin containing the body be closed. In a case of this kind a very modified system of preservation will suffice to render the corpse innocuous for a few days and make the features retain their natural appearance and color.

Crude preservative materials, such as bitumen, resins and herbs, are no longer used in embalming, these having been replaced by the alkaloids and essential principles they contain, and others which modern chemistry has made available. The chemicals used are distributed to and brought in contact with the tissues of the body by being dissolved in a suitable medium which is made to pass through the whole series of ramifications of the vascular system, in like manner as the blood coursed through them and brought with it nutritive pabulum to the tissues during life. The preservatives are thus brought into contact with the tissues, particularly the muscular tissues, much more rapidly and effectively than was the case with the ancient methods. The knowledge we now possess of the action on the tissues of various chemicals which are available as preservatives enables us to attain the object we have in view with precision, and to avoid using such as are unsuitable by reason of any undesirable secondary effects they may produce. Thus, some very effective preservatives cause such rapid shrinking of the features that they can not be used in cases where it is necessary to retain a natural, placid expression, unless their action be restrained and modified in this respect. What preservatives should be employed in a given case, as well as their strength and the proportions the several ingredients of an embalming fluid should bear to one another, will depend entirely on the circumstances of the case, the immediate or more remote conditions it is desired to bring about, and the direct object for which the operation

is undertaken. In any case it requires that the operator shall have a competent knowledge of the chemicals which he employs and of their actions. No less does it require for its performance that the operator shall possess a knowledge of the anatomy of the whole body and of the pathological changes in the organs which the cause of death is likely to have produced, in order to meet the various exigencies which may arise. To practice embalming with skill and success requires the same kind of knowledge and judgment as is called for in the performance of a surgical operation. The kind and extent of knowledge required for its practice, moreover, can only be acquired after years of training in medical studies, and is, therefore, only possessed by physicians and surgeons skilled in anatomy and the other subjects of their profession. I would lay special emphasis on this point, from the fact that it is not uncommon in London and elsewhere to see the advertisements of undertakers who profess to practice embalming, and even have the audacity to approach physicians and surgeons with the view of obtaining employment in cases where it is required, often producing "diplomas" for embalming which they have obtained after what they are pleased to call instruction and examinations in the subject, as indications of their competency, and stating that they use the preservative fluid of this or that college of embalming, or other trading society in their work. They have neither the training nor the knowledge required for the work, and their employment can only result in disappointment and discredit the practice of embalming. It is to be regretted that the members of the medical profession have, of recent years, not been as attentive to their own interests and, especially those of clients, as they should have been in the matter of retaining in their own hands the treatment of all cases where the prevention or postponement of decomposition is required, and have thus permitted the intervention of unqualified persons to take place through their omission. The services of the medical attendant should not cease on the extinction of life of his patient and the issue of a certificate as to the cause of death. He is *par excellence* the authority who can with

knowledge advise the relatives of the deceased as to the condition of the body between the period of death and its final disposal and to take steps or see to steps being taken to prevent it from becoming noxious in that interval; also, to preserve it for a longer period if that be required, just as it is for him to carry out a *post-mortem* examination, should that be desired. As the approach of decomposition must always be a very repugnant thing for sorrowing relatives to note, and the duty of doing so is only too willingly delegated to some one else, he may with assurance take it for granted that his services and advice in such matters and at such a time will be as highly appreciated as his attention to his patient before death. Should he, for any cause, feel undisposed to undertake the actual operation of embalming or applying preservatives to the body, the services of a qualified medical specialist are always available to do the work, as they are to make a *post-mortem* examination. Under all circumstances it is most reprehensible that the undertaker should be permitted to give advice and perform operations which should be exclusively done by members of the medical profession.

Whether the operation of embalming is undertaken for temporary or for permanent preservation of the body, it should include the introduction into the tissues through the vascular system of a suitable preservative fluid and the external application of the same to the surface of the body, the latter being necessary to counteract the tendency which the epidermis has to separate from the dermis. Any gas or fluid which may have accumulated in the abdomen, thorax and elsewhere should be removed, and some preservative fluid injected in its place. To enable the different parts of the process to be performed with facility, the body should be placed on a long, narrow table, such as is used for ordinary surgical operations. If, however, this is not possible and nothing better can be obtained, the lid of the shell or coffin, supported on trestles or otherwise at a convenient height, for the operator, may be utilized for the purpose. The operation should not be attempted with the body lying on the bed or in a coffin.

The introduction of the preservative fluid into the vascular system is effected by exposing and opening one of the larger arteries, situated near the surface of the body, and inserting into it a metal cannula, to which is attached a tube, through which the fluid is to be injected. The artery sometimes selected for this purpose is the brachial in the upper third of the arm, but in the majority of subjects the femoral in Scarpa's triangle is most suitable, and is, perhaps, the artery more frequently chosen. In my experience, however, it is preferable in all cases where the body has to be thoroughly embalmed to select the abdominal aorta, just below the umbilicus. At this spot it is easily reached by a median incision of about seven or eight centimeters long through the anterior abdominal wall from which, in the normally-collapsed state of parts after death, it is separated only by a short interval. The advantages gained by selecting this artery are its large size and the variety of other purposes served by the external incision made to expose it, whereby the operation is facilitated and rendered more effective. Thus, while the preservative fluid is entering the artery the condition of the inferior vena cava, which lies immediately to the right of it, can be seen, and if the flow of the injection in the capillaries be impeded by venous congestion, this can be at once relieved. Again, any fluid or gas in the abdomen and its hollow viscera, or in the thorax, can be evacuated directly by means of an aspirator needle introduced through the opening, and preservative solution injected forthwith into them. If the opening be neatly sutured afterwards, little more external trace of it will be visible than would have remained if the femoral had been selected.

The method of introducing the preservative fluid into the artery selected requires the careful consideration of the operator. The tissues being now dead matter and, therefore, no longer endowed with vital properties, are not in the same condition as they were during life. The blood-vessels are less able to bear a strain equal to that exerted upon them by the normal blood-pressure during life; this is particularly the case when they are in an atheromatous condition, as frequently

happens in old people, or when the tissues in which they are embedded are softened or broken down by disease, and are, consequently, unable to give them the usual support. The resistance to the establishment of the flow of the preservative fluid through the dead body is also a factor never present in the living, and the risk of rupture of the blood vessels during the process is proportionately increased, according to the force exerted to propel it and the rate at which it is made to travel, particularly if the pressure be suddenly or unevenly applied. A rent taking place from any cause in an artery of even a medium size is a serious impediment to the successful distribution of the preservative fluid and generally gives much trouble. In order to get the best results, therefore, it is of great importance to inject the preservative fluid with as low and continuous a pressure as possible. This being so, it is obvious that the syringe ordinarily used to inject bodies for the dissecting-room is not suitable for the purpose of embalming; firstly, because there is no means of gauging the pressure which is being exerted by it, except the very rough one of the feeling of resistance offered by the fluid in the syringe to the onward progress of the piston; and, in the second place, because it is impossible to keep up a slow and regular pressure with such an apparatus for the period necessary to get the fluid properly diffused through the tissues of the body, owing to the muscular fatigue which, sooner or later, affects the arms of the operator, causing him to act spasmodically. The continuous and regular pressure required is best obtained either by compression of the air above the surface of the preservative fluid in a closed receptacle, such as a Wolfe's bottle, connected at its base by a tube with the artery through which it is to be introduced into the body, or by utilizing the force generated by the fluid itself in flowing from the receptacle placed at a higher level to the artery situated at a lower level. Each plan has its advantages and disadvantages, and the adoption of the one or the other must be determined upon by the operator, according to the conditions under which the operation has to be performed. The requisite air-pressure is obtained by pumping at-

mospheric air into the receptacle containing the preservative fluid by means of bellows, or a hand-pump, such as that used for the inflation of pneumatic tires, worked slowly and regularly. To obtain enough hydrostatic pressure all that is necessary is to raise the vessel containing the fluid, which should be open at the top, and have the tube attached to an opening at the base, till the resistance of the tissues is overcome and the fluid flows slowly through the blood-vessels. Whether the one method be adopted or the other there should be introduced in the course of the stream of fluid, as it passes from the container to the artery, a gauge of some kind to indicate the force with which the preservative is entering the body. For this purpose a simple glass U-tube containing mercury and attached to an upright support, on which is marked a graduated scale of units of pressure, acts as satisfactorily in practice as any of the more complicated and expensive forms of fluid-pressure gauges.

To enable the operator to observe the rate at which the fluid is entering the system the vessel containing the preservative fluid should be graduated. It is important for the operator to watch both the rate and the pressure at which the fluid is entering the system, because a sudden increase of the former, with decrease of the latter, is a certain indication that rupture of one or more of the arteries has taken place, and that the fluid is being extravasated into the surrounding tissues or into some cavity, instead of circulating through the vascular system, as a whole.

[Written for the MEDICAL BRIEF.]

Dental Anesthesia.

BY CHARLES W. GLASSINGTON, M. B. C. S.,
L. D. S.,

Senior Dental Surgeon to the Westminster Hospital; Lecturer on Dental Materia and Late Anesthetist National Dental Hospital.
London, England.

I am frequently asked which is the best anesthetic for dental operations. A few years ago one would not have hesitated in saying nitrous oxide gas, and even now the big majority of minor dental opera-

tions, i. e., the extraction of two or three teeth, are done under this anesthetic. Where, however, more time is required for the removal of a number of septic roots, the administration of gas and oxygen, gas and ether, ethyl chloride, or the A. C. E. mixture, must be considered.

It will, perhaps, be noticed, and I trust it will be, that I have omitted chloroform. This drug is one that should never be administered for dental operations, unless under very exceptional circumstances, and for the following reasons:

1. Chloroform should be given in the recumbent or semi-recumbent position. This position places the dental surgeon at a disadvantage, as the sitting position is the most convenient for dental operations, and, moreover, should a tooth or root slip from the forceps it is more liable to drop to the back of the throat.

2. From a moral point of view, is it right to administer an uncertain drug, like chloroform, for a dental operation when we have reliable anesthetics like nitrous oxide and ether, at our command?

It has never yet been decided in a court-of-law in England whether a licentiate of dental surgery is legally qualified to administer nitrous oxide gas. That he is perfectly capable of doing so goes without saying, for during his curriculum at a dental hospital the dental student not only sees it given, and operates under it, but has *practical* instruction given him on the different modes of administration. On the other hand, the medical student seldom takes advantage of the dental department of his own hospital to be taught how to administer N_2O properly for purely dental purposes, and he is launched into private practice with very vague ideas on a subject which can bring "grist to the mill." In London itself it is easy for the dental surgeon to secure the services of an anesthetist who knows his work in all its branches, but in the provinces such men are not always obtainable, and in many cases the dental practitioner finds he has to teach his medical confrère how to administer nitrous oxide gas.

Frequently a patient (generally a lady) will say: "If I am to have gas, my own doctor shall give it to me." To this the dental surgeon agrees and when the ap-

pointment is made and kept, he may find one of the following conditions:

1. That the doctor is quite *au fait* with dental anesthesia, has brought his own apparatus, and everything passes off satisfactorily.

2. That the doctor knows nothing about the administration of nitrous oxide, but takes the dental surgeon into his confidence and tells him so. In a case like this there is no occasion for the dentist to "give away" the doctor before his patient. By judicious manoeuvres she need never know her medical attendant is unacquainted with the administration of nitrous oxide.

3. The worst condition of all is when the doctor pretends he knows all about the administration and proceeds to try to put the patient under the effects of nitrous oxide. The results in such a case are disastrous for a successful operation. The dental surgeon can operate ever so much better, even if he both administers the gas and extracts, providing he has somebody to steady the head, rather than have a man who thinks he can administer nitrous oxide, but can not. Such an administrator does not discriminate between giving enough or too much gas (generally it is the former), and he does not know of the judicious admixture of air. Compare this administration with that of a Hewett or a Buxton, and ask any dental surgeon which he would prefer to operate under.

For prolonged dental operations nothing beats gas and ether. The ideal dental anesthetic for children is the combination of gas and oxygen, yet how few medical men know how to administer it. There is no stertor, no fætitation, no cyanosis, no danger. The child goes off into a quiet sleep and the mother can be in the room during the operation without being alarmed in any way.

Of the value of ethyl chloride as an anesthetic for dental operations I can not give an expert opinion, as it is comparatively a new drug for this purpose, and I have not seen it administered a sufficient number of times to warrant me saying much about it, for or against its use. In those cases which I witnessed there was certainly nothing against it. It has the advantage of not requiring any very elab-

orate apparatus, and the anesthesia produced is certainly longer than that of nitrous oxide gas.

It is said, however, the after effects are not so good as those of N_2O (which are generally *nil*), vomiting, headache, giddiness and collapse having been frequently noted. The difficulty, to my mind, with this drug is to know when the patient has had enough, as in some cases the usual symptoms of narcosis have been absent.

Having prefaced my remarks by stating that nitrous oxide gas is generally given in the big majority of minor dental operations, perhaps, it would be as well if I pointed out a few practical hints (after twenty-five years experience), which may be useful.

Before administering the anesthetic the *administrator* should always have the following articles close at hand:

1. Mason's gag.
2. Tongue forceps.
3. Nitrite of amyl.
4. Sponge holder, with aseptic sponge.

He should see there is no denture in the mouth, and no impediment to free respiration, such as a tight collar, corset or belt.

With regard to corsets, it is sometimes a delicate matter with young ladies unless the dental surgeon has a nurse or female attendant, and it is best when the appointment is given to advise the patient or tell the mother to see the corsets are either very loose, or what is better, not worn at all. It is purely a matter of delicacy and tact, which is generally appreciated by the mother.

Unless the tap of the gas bottle is thoroughly turned off after use the gas will escape slowly, but surely; therefore, it is always best to ascertain whether there is sufficient gas, even in a comparatively new bottle, before commencing. This can easily be done by weighing it. Some administrators prefer to stand on the left side of the patient. I think it much better for them to be behind the dentist's chair, as in that position should the patient suddenly struggle and try to pull the face-piece away, the administrator has a much better command over his apparatus and the head of the patient. At the end of the administration should the den-

tal surgeon require to come behind the chair when operation is on the right side of the mandible, the administrator can quickly move away.

During the operation the administrator can be of great help to the operator by

1. Steadying the head of the patient.
2. Applying Mason's gags, when required.
3. Hooking out a root or piece of a tooth dropped into the mouth.
4. Steadying the mandible when lower teeth are being extracted and so preventing a possible dislocation.

Before the administration of the anesthetic the dental surgeon should have made up his mind which tooth or teeth he intends to extract. If he is in any doubt about any root he should be careful not to prick the gum with a probe when examining the mouth. The choice and position of the mouth prop entirely rests with him, but should he be operating on both sides of the mouth he should advise the administrator on which side he may require the Mason's gag applied.

The too forcible application of Mason's gag has been known to dislocate one or two lower teeth, which may or may not have been affected with pyorrhea alveolaris. In the latter case the operator should point out the condition to the administrator and advise care, should it be necessary to use this instrument.

The operator should also remember when removing lower molars he will be pressing the tongue so far back that respiration may be impeded. This will certainly prolong the anesthesia, but the administrator must see it is not carried too far and the operator should at once cease to extract when told to, or at all events remove his fingers from the patient's mouth and allow a free passage of air.

In cases of trismus the operator should always endeavor to try and get something between the teeth before the administration is commenced. This will facilitate the application of the Mason's gag when the face-piece is removed. The dental surgeon should always operate on the lower teeth first, where both upper and lower teeth are to be extracted at the one operation. The only exception to this is when an upper tooth is the absolute cause of pain. He should never leave a root or

portion of a tooth free in the mouth, but at once remove it before any further extraction is proceeded with. The smaller the piece the more likely it is to be inhaled into the larynx.

It should be remembered that anemic patients are very quickly anesthetized with N_2O , and as quickly come round. Gas and oxygen are much better for such patients.

Epilepsy is no bar to the administration of nitrous oxide. In fact, a fit might be caused by extracting a tooth in an epileptic if an anesthetic is not given. Pregnancy is seldom, if ever, affected by this drug, but extra care should be taken if the patient is known to have miscarried.

Beyond the administration of nitrous oxide gas, pure and simple, there is that of mixing it with air, or combining it with what is called "to-and-fro breathing."

In the former the judicious admixture of air (with the ordinary face-piece in use) towards the end of the administration, will certainly prolong the anesthesia for a few seconds (which are often very valuable to the dental surgeon). When this method is proceeded with the question arises when shall the administrator start giving air? My own experience is at the first sign of stertor, providing you are absolutely sure *every part of your apparatus is air-tight*. By this method one somewhat approaches the effects obtained by an administration of gas and oxygen.

As regards the "to-and-fro" method, this, I think, should rarely be used unless the administrator finds himself running short of gas and then only towards the end of the administration. Occasionally the gas bottle will leak through the tap, not being screwed up at the previous administration, and if the administrator starts on his work thinking he has plenty of gas he soon finds out his mistake, and if he has not a second bottle attached and workable, he must have recourse to the "to-and-fro breathing," to complete the anesthesia. This is done by turning the stopcock right over and stopping the valve-action of the apparatus. I once had to do this when the india-rubber tubing blew off from the union-piece. Fortunately, it was very flexible rubber and I was able to compress the tube with the thumb and finger of my left hand, at the

same time the operator quickly turned the stop-cock. For prolonged dental operations, say where a number of teeth and septic roots have to be extracted at one sitting, the combination of gas and ether can not be beaten. In such cases the ordinary procedure is carried out in the administration, as if a big operation were about to be done. That is to say, a Clover's apparatus is used. The patient is first brought under the influence of the nitrous oxide gas, to overcome the unpleasantness of the ether, when the latter is turned and continued with until narcosis is complete. This, as a general rule, will give the dental surgeon ample time to do all he wants. In certain cases, however, this complete ether anesthesia is not required, but only a certain amount of ether wanted to prolong the effects of the gas. I know of no hard and fast rule as to when the ether should be turned on. I have seen the two combined from practically the start, and I have seen the ether commenced just towards the end of the nitrous oxide narcosis. In the latter case, the ether must be "pushed," otherwise the patient may start coming round from the gas before he can get any advantage from the ether.

I know of only one objection to the combination, and that is the liability of the ether to cause vomiting, which sadly interferes with the work of the dental surgeon.

[Written for the MEDICAL BRIEF.]

The Provincial Hospitals of England.

BY DAVID GORDON, M. A., M. D.,
London, England.

The American physician who, periodically, either for health or recreation, pays a visit to Europe, is usually fairly familiar with the trend of medical thought in London, Paris, Berlin, Vienna and other continental towns, but rarely thinks it worth while to make himself practically acquainted with the progress in the art and science of medicine and surgery which is slowly but steadily taking place in Manchester, Liverpool, Birmingham, Leeds and other provincial cities of England. And yet many of these are well worth visiting and have hospitals and in-

firmer which compare favorably with similar institutions in London. Many of the buildings are old, but others are modern erections, constructed with a lavish expenditure, rarely met with in metropolitan cities. The explanation is simple, the successful merchant who has amassed a fortune wishes his name to be perpetuated in the town in which he was born, and this is easy of accomplishment in the provinces, whilst in London, where there is less scope for individualism, the feeling exists in a much less pronounced form and is developed to a smaller extent. Again, the overcrowded condition of our cities, the difficulty of acquiring a large site and the enormous ground rents are a bar to enlargement on anything like a big scale. Vested interests have to be considered, municipal authorities have to be conciliated and a comprehensive scheme of hospital reform meets with much opposition, its accomplishment involving years of heart-breaking delay. In the provinces there is greater rivalry between town and town and no opportunity is lost of promptly advancing local interests. Take Birmingham, for example, an industrial city of some half a million inhabitants. There, under the ægis of the university of which Sir Oliver J. Lodge is principal, is the General Hospital, which, originally established in 1766, was rebuilt in 1897 on the most modern principles. It affords relief annually to over five thousand in-patients and some sixty-four thousand out-patients. The senior physician is Dr. Saundby, a prominent official of the British Medical Association, and a well-known writer on diabetes and other kindred subjects. He gives a course of lectures on "Ethics" to medical students and practitioners during the summer session. He is ably supported in his work by a number of junior men, both physicians and surgeons, on whom much of the actual clinical teaching naturally devolves. Prominent amongst the younger men may be mentioned Dr. Russell and Dr. S. H. Perry.

The General Hospital, although the chief, is by no means the only hospital in Birmingham, and there are more than a dozen public institutions devoted to diseases of children, skin, the ear, the eye, the throat and other specialties. The dif-

ficulty with the provincial towns is that there is not enough actual consulting work to enable the members of the staff to abjure what is called general practice, and although a man may be surgeon to a hospital it will usually be found that he is not adverse to visiting wealthy patients as their ordinary medical attendant. His time is often so fully occupied with private work that unless he is a person of exceptional energy he has little time to record his experience or publish papers, much less to compile works on special subjects. To this, however, there are many notable exceptions, and there are provincial surgeons who have a reputation which extends far beyond their own district.

Amongst the most progressive of the provincial medical cities may be mentioned Leeds, in Yorkshire, closely associated with the admirable surgical work of Mayo Robson and Moynihan. Mr. Mayo Robson, it is true, has recently migrated to London, but the influence of his teaching remains.

Within half an hour's run of Leeds is Harrogate, famous for its baths, and the fashionable resort during the summer months of patients suffering from gout, rheumatism and allied conditions.

Another large medical center in the north of England is the University of Durham College of Medicine, at Newcastle-on-Tyne. A new college building has recently been erected at a cost of thirty thousand pounds and is well-provided with laboratories of all kinds. On the staff of the Royal Infirmary are Sir George Hare Philipson, Dr. Drummond and Dr. Oliver. On the surgical side is Mr. Morison, whose name is familiar in connection with the Drummond-Morison operation for cirrhosis of the liver. The degrees of the university are open to men and women, and there is a special degree in hygiene, known as Doctor in Hygiene (D. Hy.). Another feature of the university is a degree of Doctor in Medicine for medical practitioners of over fifteen years' standing, which is conferred without residence. The candidate must be over forty years of age and the examination is by no means easy, extending, as it does, over many days and embracing a wide range of subjects.

Returning to the Midland counties, Manchester and Liverpool claim our attention. These towns display much intellectual activity and the Victoria University, of Manchester, has a well-deserved reputation. The professor of *matéria medica* for many years was Dr. Daniel Leach, a prolific writer on therapeutics, who at his death was succeeded by Dr. R. B. Wilde. Physiology is in the hands of Prof. W. Stirling, who is the dean of the medical faculty and whose works on physiology are recognized textbooks. On the staff of the Royal Infirmary are many well-known men, amongst whom may be mentioned Mr. William Thorburn, the author of many books and papers on the spinal cord and on spinal injuries. In naming names it is often difficult to make a selection and the natural tendency is to refer to those who either from one's personal knowledge or from acquaintance with their published works seems especially to claim attention.

Liverpool, like Manchester, has its own university, which is empowered to grant degrees in medicine, surgery and kindred subjects. Only a few years ago practically all students of medicine in England found their way to London, but many of them now find all they require nearer home. The cost of living in a provincial town is considerably less than in London, the young man is kept more closely under supervision and is not subject to the temptations of a big city. On the other hand, it must be confessed that he has not the same opportunities of acquiring a knowledge of the world and of certain refinements which, in the long run, may prove of quite as much value to him as his purely professional attainments. A considerable number of Americans pass through Liverpool in the course of the year and those who are students of medicine can not fail to find much to interest them at the Liverpool Royal Infirmary, which contains some three hundred beds. Dr. James Barr, the senior physician, and the president of the Liverpool Medical Institution, is a clever and concise clinical teacher. The emeritus professor of physiology in the university and consulting physician to the Royal Infirmary is Dr. Richard Caton, who last year delivered the Harvelian Oration before the Royal College of

Physicians, of London, taking as his subject, "I-Em-Hotep and Ancient Egyptian Medicine."

No one should fail to visit Oxford and Cambridge. Although certain schools existed in Oxford before the time of King John, it was not until the latter half of the twelfth century that a system of academical degrees was founded. The idea of a university with the nomenclature of the chief academical officers, was adopted from abroad, and originated in the schools of Bologna and Paris. The earliest reference to the practice of surgery in Oxford is contained in a statute dated November 7, 1462, wherein mention is made of one Petrus de Alcomlowe, who, after examination, was admitted and licensed to practice the art of surgery in the city. Although a school or hall for teaching medicine had existed, and professors of medicine appointed in the university, there was no endowment for this purpose until 1524, when Thomas Linacre left certain lands in fee in the County of Kent for the maintenance of two physic lectures in Oxford. Linacre was born in the year 1460, and was educated at Canterbury. At the age of twenty he went to Oxford, and in the year 1484 was made a Fellow of All Souls. Among the famous medical men who graduated at Oxford, mention must be made of Thomas Sydenham, who was born at Wynford Eagle, in Dorsetshire, in 1624, and entered at Magdalen Hall, Oxford, as a fellow-commoner, in 1642. He had not been long at the university when the civil war broke out, and he joined the Parliamentary forces and remained in military service until 1646, when he returned to Oxford and took up the study of medicine. Another worker in Oxford in the seventeenth century was William Harvey, who studied anatomy and practiced dissecting in the University City. He went to Oxford with King Charles, and was there incorporated M. D. in 1642. Three years later he was made a Warden of Merton by royal mandate, and remained in the city until after its surrender, in 1646, when he returned to London.

Oxford and Cambridge are old-world university towns, more intimately connected with the teaching of classics and mathematics than medicine; in fact, it is

only during the last decade that they have attained any distinction in modern medical schools. Even now the majority of men who take their preliminary subjects at one or other of these universities, go to London for hospital practice. It is inevitable, for though both Oxford and Cambridge boast of well-appointed hospitals, the surrounding districts are essentially rural, and there are no large manufacturing towns from which to draw a sufficiency of patients. Even the best physician and surgeon can do little without adequate material. University life is placid and anything that disturbs its habitual equanimity is regarded with but little favor. The recently-appointed Regius Professor of Medicine at Oxford is William Osler, of Baltimore. The official duties of the post from the teaching point of view are few, but it is not unlikely that the new incumbent may initiate a new departure and give systematic courses of instruction in medicine. It is to be sincerely hoped that he will do so, for his reputation as a teacher would attract students. Dr. Gotch is the Waynflete professor of physiology, and Dr. Ritchie is the lecturer on pathology. At the Radcliffe Infirmary Mr. Horatio P. Symonds is favorably known as an operating surgeon. In the University of Cambridge Mr. Howard Marsh has been appointed lecturer on surgery, but apparently still practices in London. The Linacre lecturer on medicine is Dr. Donald MacAllister, who has had a distinguished university career.

The Cambridge Hospital is Addenbrooke's and was founded in 1740. It contains only one hundred and seventy-four beds. Oxford and Cambridge are visited annually by enormous numbers of Americans, but probably more for the halls and colleges than for the laboratories or hospitals.

It is by no means a far cry from any of the Midland towns to Wales, and Cardiff is well worth a visit. The Welsh surgeons have the reputation of being good operators, and as many of them practice in coal-mining districts, where accidents are of almost daily occurrence, their opportunities of obtaining practical experience are great. The air is pure, the constitution of the inhabitants is robust, and the results are remarkably good. Mr.

John Tatham Thompson, of Cardiff, has devoted his life to ophthalmology and has probably one of the largest practices in the United Kingdom. In the domain of general surgery Mr. John Lynn Thomas, also of Cardiff, is equally successful.

There would be no advantage in attempting to map out an itinerary for American visitors, for England is a comparatively small country, the railway accommodation on the main lines of travel is excellent, and every place here mentioned can be visited with but little expenditure of time or trouble.

In most provincial towns there are medical societies which meet once a month or oftener for the discussion of papers and the demonstration of rare and interesting cases. As a type of these societies may be mentioned the Liverpool Medical Institution and the Bristol Medico-Chirurgical Society. Their functions, as a rule, are scientific, rather than ethical. In addition, scattered throughout the country are branches of the British Medical Association. The British Medical Association was founded at Worcester on July 19, 1832, being originally designated the "Provincial Medical and Surgical Association." On that day fifty medical men attended a meeting at the Worcester Infirmary, convened by Dr. (afterwards Sir) Charles Hastings, to consider the formation of the proposed association. Dr. Edward Johnstone, of Birmingham, presided, and after an address by Dr. Hastings on the objects contemplated, it was unanimously resolved that an association should be formed. A code of laws was adopted, and officers were elected. Dr. Johnstone was elected president for the years 1832-3, and Dr. Hastings and Mr. J. P. Sheppard, joint secretaries and editors of the *Transactions*. The association began with a membership of one hundred and forty.

In spite of many reverses of fortune and many ups and downs it now includes some twenty thousand duly-qualified medical men and has a balance of income over expenditure of about five thousand pounds a year. Its official organ is the *British Medical Journal*. There is an annual general meeting, the next, the seventy-third, being appointed to be held at Leicester, from July 24 to July 28, under

the presidency of Mr. George Cooper Franklin, F. R. C. S., surgeon to the Leicester Infirmary. These annual meetings are visited by a number of American physicians, who always receive a most hearty welcome. A few of them are members of the association. Many provincial towns publish their own medical journals and amongst them may be mentioned the *Manchester Chronicle* and the *Birmingham Medical Review*, both of them of high repute and ably conducted.

In conclusion, there is a point on which I should like to say one word. The term, "Professor," is far less commonly used in England than in America. The lecturer on medicine at Guy's Hospital, London, or the lecturer on surgery at St. Bartholomew's, would not dream of calling himself professor, although both schools, like all medical schools in the metropolis, are affiliated to the University of London. In connection with purely university functions the term professor is rightly and properly used, but is not employed in private life, or in the relationship which exists between a doctor and his patient. For a man, however eminent, to habitually call himself, or allow himself to be addressed as professor, would be to stamp him as a person destitute of the conventionalities of modern life. The custom in England is to call a physician "Dr." and a surgeon "Mr." The general practitioner, without a university degree, compromises matters by calling himself "Mr." and allowing other people to address him as "Dr.," but by courtesy every medical man is a "doctor."

[Written for the MEDICAL BRIEF.]
Removal of Plaster of Paris Dressings.

BY WM. C. TODD, M. D.,
 Philadelphia, Pa.

I noticed in a recent issue of the BRIEF a way to remove plaster of paris dressings. With no desire to criticize other plans, it occurred to me that it might be of interest to the readers of the BRIEF to know a simpler, easier and better way. My plan is to simply immerse the part in a warm bath for twenty or thirty minutes, when the plaster becomes so disintegrated that the bandages can be cut with ordinary scissors.

[Written for the MEDICAL BRIEF.]

The Treatment of Pathological Conditions of the Urethra by Means of the Modern Electro-Urethroscope.

BY W. K. OTIS, M. D.,

Professor Genito-Urinary Diseases, New York School of Clinical Medicine; Consulting Surgeon to the City Hospital; Attending Surgeon St. Mark's Hospital; Attending Surgeon West Side German Dispensary; Fellow of the New York Academy of Medicine, etc., New York City.

The very important advances made during the past few years in the treatment of urethral lesions by means of the electro-urethroscope, has given this instrument a wide popularity even among those who do not make a specialty of genito-urinary diseases. As is the case with instruments of a similar character, the laryngoscope, otoscope, etc., it is also an instrument the practical working of which, to the best advantage, requires a considerable amount of technical knowledge and skill, and a proficiency in its use can only be obtained by the expenditure of much time, much labor and much patience in its actual application on the living subject.

Both theory and practical experience have demonstrated the futility of using the urethroscope in the acutely-inflamed urethra, for not only does the examination cause an extreme degree of pain to the patient, but the introduction of the tube tends to aggravate the inflammatory condition to a far greater extent than any local applications can benefit or soothe it.

When, for any reason, such an examination is made, the swollen mucous membrane is seen of a bright, angry red, and the purulent discharge oozes into the field and fills the central orifice, so that constant swabbing is necessary to obtain a satisfactory view. Owing to the swelling of the mucous membrane the openings of the urethral glands are not prominent, as they become later on.

During the course of an ordinary acute gonorrhea, when the inflammation has reached the active stage, the entire urethra becomes infiltrated and stiffened, so that it may be plainly felt along its course by a finger from the outside. Ow-

ing to this cell infiltration the urethra loses its elasticity and when erections take place fails to stretch, as when in a normal condition, bending the penis into an arc and causing the extremely annoying and painful condition known as chordee. This continues until, say, the end of the third week, when an improvement begins to take place, the cellular infiltration is entirely absorbed, the urethral mucous membrane gradually returns to its normal condition and the patient is well.

A very large number of cases, however, do not result so favorably, the resorption of the cell infiltration in various parts of the urethra fails to take place, so that areas of hardening of greater or less extent are left, over which the epithelium does not form, leaving a granular condition, which is easily observed through the urethroscope, and which results in a continuance of the discharge.

It is evident that this infiltration plays a very important part in the pathology of chronic urethritis. It may be entirely confined to the superficial mucous layer, in which case entire resolution usually takes place, or, owing to the penetrating power of the gonococci, the entire thickness of the urethra may be involved, or even the erectile tissue of the spongy portion; in which case there is a marked tendency toward the formation of organized fibrous tissue.

Whenever the infiltration involves the entire circumference of the urethra, and only when this is the case, does its transformation into cicatricial tissue produce the condition known as urethral stricture.

Then the entire canal is surrounded as by an elastic band, and, owing to the contraction which inevitably occurs in scars, no matter where situated, the urethral lumen is narrowed more and more, or as we say, the stricture becomes tighter, until it may become impassible to the smallest instruments.

Dilatation, either by the passage of solid sounds or by means of any of the mechanical dilators now in use, temporarily stretches the band of connective tissue, but if it has become organized does not obliterate it and, sooner or later, it will return, unless the dilating process is continued.

If, on the other hand, we cut entirely through the band at any one point, no matter how tight the stricture may be, it instantly disappears, so that it becomes impossible for the most proficient and dextrous hand to locate its former site by means of the bulbous bougie.

The point to be selected is on the superior surface of the urethra, in the exact median line, cutting into the space which exists between the two corpora cavernosa, thus avoiding to a great extent any danger from hemorrhage.

The fibrous tissue still remains in the urethral wall, but its contraction no longer diminishes the lumen of the canal. As when a rubber band tightly compressing a soft, pliable tube, is divided entirely through at any one point the compression is instantly released. So, also, with isolated plaques of indurated tissue in the urethral wall, which do not entirely surround it, while their presence may exert a direct influence upon the surface of the mucous membrane overlying them, they do not diminish the caliber of the urethra, and by contraction they tend to become smaller and, after a long time, finally disappear.

The pathological changes produced by chronic urethritis observed by the urethroscope, differ not only in different urethrae, but also in the same urethra at the same time. They depend upon the underlying infiltration, the length of time the inflammatory process has existed, to the severity of the acute stage, and the involvement of the minute glands of the urethra.

When the infiltrations are of what Oberlaender calls the "soft" variety, *i. e.*, consist of simple embryonic cells which have not undergone a transformation into fibrous tissue, the mucous membrane will present a color of a more or less deeper red than the healthy mucous membrane. The underlying infiltration interferes by contraction with the nutrition of the epithelium, causing it to look dull and to desquamate, leaving areas of fine granulation. When the infiltration has become organized, on the other hand, the mucous membrane is paler in color than normal, due to impeded circulation, being of a slaty-red or of a reddish gray.

The mouths of the ducts may be seen surrounded by little red circles, which remain after the surrounding tissue has become pale, the openings of these ducts are often enlarged and gape open. Occasionally the mouths of the ducts become plugged and form a variety of peri-urethral abscess.

The central aperture also differs from that seen in the healthy urethra; the inflammatory condition stiffening the urethral wall causes it to close less readily over the end of the tube, forming an irregular funnel-shaped opening.

To Oberlaender belongs the greatest credit for the discovery, by means of the urethroscope of the pathological conditions underlying chronic gonorrhea, and his minute and lucid description of the lesions encountered, observations which have been corroborated by Neelson in his *post-mortem* investigations regarding the pathology of urethral stricture.

In the treatment of chronic urethritis by means of the urethroscope, we have the very great advantage of being able to direct energetic measures to a localized lesion, without interfering with the healthy surrounding tissues. As Janet has very happily expressed it:

"Let us suppose the case of an ulceration of the neck of the uterus in a woman. It is evident that we would not dare practice vaginal injections of pure tincture of iodine, or one-fourth nitrate of silver to reach this ulceration. If we did not possess the speculum, we should be forced to content ourselves with very feeble vaginal injections; but what a long time it would take to effect the desired cure. On the other hand, by means of the speculum we are enabled to touch the ulcer directly with tincture of iodine, chromic acid, pure nitrate of silver, or even the galvano-cautery, and thus rapidly arrive at a favorable termination."

This, indeed, is the great advantage the urethroscope offers in the treatment of chronic gonorrhea. When the discharge persists in spite of various methods of local treatment, we can definitely locate the source of suppuration and make use of direct applications to a limited area of a strength it would be impossible to use in any other way.

The patches of granulation may be thoroughly swabbed with silver nitrate, sixty grains to the ounce, or with cupric sulphate, or even when the areas are small, with pure lunar caustic. The surgeon may please himself in the rational application of any of the many substances used for a similar purpose in the treatment of analogous lesions in more accessible mucous membranes.

In the diagnosis and treatment of urethral stricture the urethroscope is without practical value, with the possible exception of certain cases in which it is difficult to pass an instrument owing to the eccentric location of the urethra through the strictured portion. In these cases the urethroscopic tube can frequently be passed down to the anterior face of the stricture, the urethral opening seen and an instrument introduced under the direction of the eye.

Attempts have been made to perform internal urethrotomy by means of small knives on handles, passed down the urethroscopic tube, but this operation is accomplished with so much greater facility and success by other methods, that it is only mentioned to condemn.

Although the urethroscope has always been recognized as a valuable means of removing foreign bodies from the urethra, and while I have no doubt that on certain occasions it may serve a useful purpose in this connection, at the same time I must confess that I have experienced far greater success, particularly in extracting urethral calculi, by the use of the forceps in the urethra, without any tube.

In the diagnosis and treatment of urethral polypi, the urethroscope reigns supreme, for by no other means can we discover their existence or remove them after they are found. They may occur in any part of the urethra and, according to Oberlaender, in an article on "Urethritis Papillomatosa,"* with much greater frequency than is usually supposed. From my own experience, derived from the examination of a very large number of ure-

* Monatsheft für prakt. Dermatologie 1889, Band X.

thre, I am unable to agree with him in this respect, and consider that, in this country at least, they are comparatively rare. When polypi do occur they are usually papillomata.

The symptoms which they produce depend largely upon their location. When in the deep urethra they may produce frequent and painful urination and nocturnal emissions; when in the anterior urethra diminished stream and the production or continuance of a discharge, or they may cause very annoying itching, or give rise to hemorrhage, or they may give no evidence of their existence whatsoever.

The removal of polypi is not always so very easy, though there are several methods which have been suggested for its accomplishment. Among the best of these is the alligator forceps of Kollmann, with cutting edges, or the concentric tubes of Klotz, by means of a fine wire snare, a sharp curette, the galvanocautery, or by what Oberlaender terms "tampon ecrasment." The penis is stretched tightly over the end of the tube and the growth rubbed off by means of two firmly-wound swabs of cotton on applicators. The base of the tumor, no matter how removed, should be thoroughly cauterized with pure nitrate of silver or the actual cautery. It should be borne in mind that the caput galinaglni is not a polyp, and that its removal should not be attempted by any of these methods, which have proved so serviceable in the past; but should be considered as an adjuvant to them, an additional means of alleviating and healing pathological conditions, which have proved so refractory as to have formerly been placed in the category of diseases incurable.

5 West Fiftieth Street.

Enclosed find one dollar and fifty cents for the MEDICAL BRIEF for 1905 and *Funny Bone*. I do not want to be without the BRIEF. It is not like some journals, discarding everything, no matter how good, unless stuffed with society and ultra education gossip. The BRIEF is plain, and stands open to and for the good of all its patrons and suffering humanity.—B. H. ADKISSON, M. D., Corley, W. Va.

[Written for the MEDICAL BRIEF.]

Tonsillotomy.

BY ROBERT C. MYLES, M. D.,

Professor of Laryngology and Rhinology in New York Polyclinic Medical School and Hospital; Surgeon Polyclinic Hospital (Nose and Throat Department); Fellow of the Academy of Medicine; Member of the State Medical Association; Member of the American Medical Association; Member of the American Laryngological Association; Member of the American Otological Society; Member of the American, Laryngological, Rhinological and Otological Society; Member of the County Medical Society, Pathological Society, Etc. New York City.

In regard to tonsillotomy the problem that we are trying to solve is, by what procedure can we remove the tonsils so that they will not, in the language of the old practitioner, "grow again," or return. The story of their recurrence is one to which we have to listen too frequently. I do not believe that the tonsils often really recur, but simply continue to grow in their basic parts, where the superficial parts only have been removed.

In examining the patient, when we depress the tongue two large rounded masses appear on either side, posterior to the molar teeth, and the masses are more manifest when the tongue is depressed during the act of gagging. The constrictor muscles combine to push the masses outward, and you can readily determine their dimensions.

Non-pedunculated tonsils, to be properly eradicated after the ordinary tonsillotomy, should have their basic parts removed with the punch forceps, scissors, or the wire snare, or they may be dissected out with retention forceps and bistoury. This latter procedure is more dangerous than the punch forceps method on account of the uncertain control of the position of the patient.

The hemorrhagic factor has long stood in the way of removing the tonsils, and is usually proportionate to the amount of the capsular tissue severed. The hemorrhage is usually in the circumference of the cut, it is generally in the lower third and is less likely to follow the use of the wire snare than cutting. But since we understand how to compress these arteries and have improved compressors, chiefly in the form of specially-con-

structed forceps, we do not fear bleeding, as formerly. We dread more the secondary hemorrhage which occurs when the patient is out of reach.

In cases where the operation is performed without general anesthesia, I use one hundred per cent solution of cocaine upon the tonsils, carefully placing it deeply into the crypts and over the field of operation, and allowing at least twenty or thirty minutes for the cocaine to act, repeating the application two or three times during that time. In addition, I frequently use a solution of cocaine, one-eighth to four per cent, hypodermically and, in a great measure, it relieves the suffering caused by the partial extirpation of the gland. If the condition of the cervical glands is noted they will usually be found to be swollen and enlarged in proportion to the quantity and virulence of the retained debris and infective products. The spaces between the margins of the capsular sheaths are very small, and the bases of the tonsils are two and one-half times larger.

This operation may be performed with or without a general anesthetic. With the general anesthetic it can be performed somewhat more satisfactorily to the physician, but frequently on account of the expense, prejudices, conveniences, etc., we have to operate under cocaine.

The child is placed on her side during general anesthetization, the tongue is depressed, and the upper tonsil is dissected out and the blood flows down and out of the mouth upon the other side. The table should be high, so that the operator can work from a lower plane than that of the patient. An expert anesthetist should aid the surgeon by getting rid of the blood with swabs, and can inform him whether the blood is interfering with the respiration. The blood sometimes flows rather freely and makes the operation longer than it would be otherwise, but that will occur in either case. After a thorough cocaineization, both locally and hypodermically, the average patient does not seem to mind the operation very much, so far as the pain is concerned. The child fights the application of the cocaine and the depression of the tongue as much or more than the operative procedures. It is essentially a rather long process on

account of the difficulties encountered in cutting away the deeper parts and the care to be employed in order that the neighboring tissues may escape injury. The tonsillotome was not made for removing the deeper basic parts. The best instrument to aid one in this procedure is the punch forceps.

Although they may be well removed with a tonsillotome the patient may present herself within a year for treatment and another operation. It is not infrequent to find in these cases large, submerged tonsils, with hidden, cheesy deposits in the deeper parts of the crypts, sometimes one-half to three-quarters of an inch below the surface and of the most septic character.

Such an amount of diseased tissue requires extensive dissection. If one does not wound the neighboring mucous membrane there is very little pain afterward.

46 West Thirty-Eighth Street.

[Written for the MEDICAL BRIEF.]

Tuberculosis—A Preventable and Limitable Disease.

BY WILLIAM PORTER, M. D.,
St. Louis, Mo.

It may be well to define two terms which are frequently used as seeming synonyms. Tuberculosis has been used as a scientific term, consumption as a conventional one. But in later days the two terms are not entirely interchangeable. Tuberculosis is a specific disease which may remain a long time latent, and is characterized by the presence in the affected organ or tissue of the bacillus tuberculosis. Further along, when the local conditions become active from processes now partly understood, other micro-organisms appear, the pus-producing and the fever-producing germs, accompanied by general symptoms, such as fever, loss of appetite, rapid disintegration of tissue and general emaciation; we call this condition consumption. It is an outgrowth of the tubercular condition, or, in other words, it is tuberculosis plus.

It is generally conceded that one-seventh of all those living in cities and towns, and one-tenth of all others, are, according to present rates, doomed to die

from consumption. This means that seven millions of those now living in the United States will die of this dread disease; it means that one hundred thousand now living in St. Louis will be its victims. Our country will contribute in one year a number equaling the total loss of life in the great eastern war to date (March 13th). In Germany, between the ages of ten and twenty-five, almost one-half of the deaths are due to consumption. In St. Louis it is fair to estimate that there are between four and five thousand cases of this disease. The New York Board of Health estimates two hundred thousand cases in that city, and like authority places the number in Boston at five thousand.

When we remember that each case means, on an average of two years of suffering, a gradual decline and emaciation, also the danger to those in attendance, the picture grows more vivid.

Without appealing to sentiment, or offering generalities, I want to present a few facts in support of organized effort, soon, I hope, to be made, to limit and ultimately overthrow this greatest of all destroyers.

For nearly twenty-five hundred years the dictum of Hippocrates, that all consumptives die, has been supposed a verity. But to-day the leaders who are active in this department believe that tuberculosis is one of the most curable of all diseases.

Only recently Bouchard concluded his lectures by saying, "This disease, which has such a strong hold on humanity, is curable in the larger number of cases." But my object here is not treatment of the disease and its cure in the individual, it is rather the question of limitation of consumption, and the very important role which citizens have in its accomplishment.

Limitation of tuberculosis is not a Utopian hypothesis. Pasteur has said it is in the power of man to cause all parasitic diseases to disappear from the world. Other parasitic and infectious diseases are controlled—cholera, the bubonic plague, diphtheria, yellow fever, and small-pox. Yet this disease which more largely perhaps than any other is dependent upon ignorance and carelessness can be largely controlled, and is curable,

and yet we permit it to hold unchallenged sway.

Figures are of more value than mere statements. In New York the death-rate has fallen 4.2 per cent per thousand to 2.29 per thousand, a reduction of over forty per cent. In Philadelphia the reduction in ten years has been nearly forty-five per cent. Upon the basis of the New York and Philadelphia results, if the disease were as thoroughly controlled elsewhere throughout our country there would be a saving of forty per cent, or 2,800,000 of those now living in the United States. Is this worth while? If the lives of its citizens are a country's most precious possession, surely here is something worthy of the best and most careful legislation.

Spitting, except in proper receptacles, should be made a misdemeanor, just as any other violation of offensive acts is a misdemeanor. With this addition that the consumptive who expectorates on the street, on the floor, in the public hall, in the street car, is not only committing a nuisance, but he is, through ignorance or carelessness, making a direct assault upon human life. There is nothing more horrible than to ride in one of our overcrowded street cars, every window closed, filled with over-vitiated air, with the consciousness that you are grinding under your feet the dried sputum of some previous passenger, certain that you are inhaling air that some tuberculous patient has just exhaled. The nausea is bad enough without the danger.

The opportunities for inhalation of bacilli are everywhere. While I would deprecate what Dr. Knopf terms "phthisiamania," it must be admitted that wherever a consumptive has been careless in his actions, there is danger. If the portieres in the sleeping cars and the heavy unwashed colored blankets in the berth could tell us how many consumptives have been using them before our occupancy, if our room at the conventional health resort could reveal all that had therein transpired of sickness and death, if it did not make us miserable it would make us insist upon greater care. Infection may also take place through food and by inoculation, but these are not the great dangers.

The first great work in the prevention of tuberculosis is the insistence by the press, by city, county and State boards, and by the physicians that the sputum should be cared for, and this can easily be done if the patient will use a covered cup containing a weak solution of common concentrated lye, and will expectorate nowhere else in the house, the sputum will be rendered harmless. For the street special receptacles can be easily carried in the pocket, which may combine cleanliness and safety without undue exposure. If nothing else, a small wide-mouth bottle, concealed in the pocket handkerchief, and fitted with a broad-topped stopper, will answer the purpose. There are many text-books which make special mention of the care of the sputum. What I specially wish to do here, is to insist that it should be cared for.

Fresh air is a necessity. Physicians in the van of the crusade say that a special climate is not necessary in consumption, it is outside air which counts, air which has not been breathed before, and it matters not whether it is air in New York, Mexico, or St. Louis. Our modern houses are too often hot-houses for the propagation of consumption, and the factory and the workshop are in the same category. Pure air, or rather unused air, is God's remedy and preventative, and yet we persistently shut it out. I may be tempted to use a common drinking cup, I have taken a whiff from a dirty pipe passed to me by a dirtier old chief, but I will not, when I can help it, drink in the air which has passed through some one else, be his condition what it may.

I would not be understood as saying that one may pick up tuberculosis anywhere and everywhere, for, fortunately for us, the bacilli require certain conditions for living, but I do say that all that hinders the distribution of the bacilli limits tuberculosis to that extent. There is much more that might be said regarding the prevention of tuberculosis, but space fails.

Let me make a few deductions. Consumption is curable and limitable. Its limitation is largely a matter of education. The rich should be instructed, and the poor instructed and helped. It is a work well worth doing, and worth doing

well. It is a work not only humanitarian, but it is an effort for the safety and preservation of ourselves and those dear to us.

What is being done to further this work? First of all, there has recently been founded an association for the further study and prevention of tuberculosis, comprising the leading workers in this department. In many cities provision is being made for the building of special sanatoria for consumptives. Private institutions are found in nearly every large city, and camps are everywhere being located from the Adirondacks to the Mexican border. The earnest worker after knowledge of this kind will find in current medical literature, in many of the popular magazines, in the papers written by many of the prominent physicians throughout the country special and detailed directions, not only for personal work, but for organized effort. I believe the time is at hand when every city and every county will have its organization for the prevention and limitation of tuberculosis as thoroughly equipped and as actively engaged as would be the case were the city or country threatened with an epidemic of small-pox or yellow fever.

If Pasteur was correct in saying that it was in our power to eradicate all parasitic diseases, it is time the average American citizen should exert some of that power. The physicians' responsibility in this direction is greater than that of the average American citizen. The doctor must be what his title indicates, he must be a teacher, and the responsibility is largely at his door.

3886 Washington Avenue.

[Written for the MEDICAL BRIEF.]

A Plan to Regulate Prostitution.

BY ALFRED W. HERZOG, PH. B., A. M., M. D.,
Professor of the Diseases of the Eye, Ear, Nose
and Throat, in the Eclectic Medical College
of the City of New York. New York City.

Prostitution exists and must be reckoned with. Yet, although the question presents various aspects, I at the present time do not wish to view it from the standpoint of morality or religion, but only from that of medicine and hygiene.

We must admit that the human race would be vastly better off if such a thing as prostitution did not exist, yet it does exist and we must consider what may be the best means to deal with this evil.

Under the present systems of marriage and social economics there can be no question that it is impossible to suppress prostitution entirely.

In fact, it has been proven that wherever this has been tried prostitution has spread more than before.

That prostitution, which by reason of its illegality has become clandestine, is the means of bringing the evil into tene-ment and boarding-houses.

The prostitute who knows that she is practicing prostitution against the laws of the place wherein she lives, pays the police for protection and the effect is that in this way the evil, instead of being controlled, not only flaunts itself worse before the eyes of the public than if prostitution were licensed, but medical examinations are a rarity.

I think that every thinking mind will agree with me, that suppression of prostitution is impossible at present. The present systems have attempted to remedy the evil somewhat by licensing the prostitutes, segregating them to certain localities, and by forcing them to undergo a medical examination at certain intervals, so as to protect the public against the triad of diseases, namely, gonorrhea, chancroids and syphilis.

Yet the public in dealing with prostitution is suffering from false modesty to such an extent that it hardly dares touch at this subject for fear of soiling its fingers, and the consequence is that prostitution, instead of being handled with the mailed fist, is touched gingerly with rubber gloves.

Let us look at the subject fairly, squarely, and handle it without fear or favor.

We must bring it about that prostitutes are not only regularly licensed and controlled, but also that all the prostitutes are relegated to a certain district, where they can be regularly examined.

It also seems to me that it will not be enough to have certain houses in certain streets set apart for prostitutes and the purposes of prostitution, but eventually

these streets will have to be closed to any female not a prostitute, and any man desiring to enter that part of the town will have to be examined by a medical inspector as to his freedom from either gonorrhea, chancroids or syphilis.

This, at first aspect, may seem an impossible measure, yet if we consider the question even for a few moments only, we will find that nothing is easier than the proposed plan.

The placing of all the prostitutes into certain districts has been tried with a certain amount of success, both in San Francisco and Los Angeles; therefore, this would not cause any difficulty in any other part of the country.

I also understand that in some cities of China the entrances to all the streets are provided with gates, so as to prevent the entrance or exit of any person without the knowledge of the police.

But we need not travel so far in our example. In certain parts of Europe there are cities which are even now surrounded with walls, and the entrance to which is only possible through portals. Any traveler who enters is examined for the purpose of finding out whether he carries any dutiable articles.

What is possible in one case, in order to obtain some revenue for the city, should be equally possible in another case to protect the health of the citizens.

Let me then outline my plan. Designate a certain part of each city as the one where prostitutes are to be permitted to ply their trade. Have this part of the city either surrounded by fences, or arranged in some way so that entrance thereto is possible only through certain few entrances. Have each one of the entrances provided with a pavilion, or room, wherein those entering may be examined.

Such examination would naturally be entirely different in case the person desiring to enter were a male, than a female. If the person seeking entrance were a female, it would have to be ascertained whether or not she be a licensed prostitute. No female, not a licensed prostitute, should be permitted to enter, unless said female be a new recruit, when she would have to undergo, not only a personal examination as to her freedom from sexual disease, but would also have to

have her picture taken and receive a passport, containing her photograph, description, measurements (according to Bertillon or other systems), and her license number.

If the person desiring to enter were a male, nothing but a physical examination as to the three diseases would be necessary each time. Identification or other formality could and should be dispensed with. No restrictions need be placed upon the exit of either males or females.

It is clear that under this system sexual disease, as propagated by prostitution, would be reduced to a minimum.

It would be advisable that a periodical examination of the prostitutes be made, even though it were unlikely that any infection had taken place.

The expense of this whole system could easily be defrayed by a taxation of the prostitutes for license fees, medical examinations and, possibly, a yearly tax. The men also could be taxed a small fee for each medical examination.

It will thus be seen that my plan would mainly consist in an examination of the males, before each fornication, thus preventing an infection of the prostitute.

535 Lexington Avenue.

[Written for the MEDICAL BRIEF.]

Measles.

BY JOHN H. M'COLLOM, M. D.,

Assistant Professor Infectious Diseases in Harvard Medical College; Medical Director of Contagious Department of City Hospital; Physician for Infectious Diseases Boston City Hospital. Boston, Mass.

A very erroneous opinion prevails as to the severity of measles and degree of infectiousness of this disease. Not only is measles the most infectious of all diseases, but it is infectious from the beginning of the cough, and this stage may exist for a period of even ten days before the appearance of an eruption.

Early diagnosis can always be made by an examination of the mouth of the patient, for Koplik's sign is found in every case of measles, if the patient is carefully examined in the early stages of the disease. Of course, this sign must not be confused,

as is sometimes the case, with an aphthous condition of the mouth. It usually makes its appearance in the mucous membrane of the mouth four or five days before there is any coryza or eruption.

Only by early recognition and prompt isolation can an epidemic of measles be prevented. In the majority of cases this can only be done properly in a hospital.

Of the severity of the disease, it is sufficient to say that in many cities the records show the death rate from measles to exceed that of scarlet fever. It attacks adults much more frequently than the latter disease, and these patients require the best hospital treatment that can be provided for them.

Treatment.—Treatment of measles is largely symptomatic. If there is a high temperature, tepid bathing gives great relief to the patient and frequently lessens the delirium.

The ears in measles require constant attention, for in the treatment of a large number of cases it has been demonstrated that middle ear disease is more common than in scarlet fever.

The liability of a patient ill with measles to contract diphtheria is very great, therefore in hospitals it is advisable to secure the greatest possible isolation from other infectious diseases. Laryngeal diphtheria is one of the most serious complications that can occur in measles. Aphonia, occurring during an attack of measles, should cause the physician great anxiety because it is impossible to state definitely and absolutely whether the aphonia is due to a simple laryngitis or to diphtheria. Cases occur very frequently where there are marked laryngeal symptoms with no definite membrane visible, and yet the patient dies from diphtheria, as autopsies have proved.

Cultures from these cases do not give any assistance, because the membrane is situated so far down that it is impossible to reach it with a culture wire.

The eyes should receive attention, but it is not necessary to exclude the light to any great extent. Cold drinks should be given in sufficient quantity to relieve the thirst of the patient. The bed clothing should be light.

Frequently there is a severe attack of diarrhea, which should not be treated by

drugs, because this condition is due to the eruption of the mucous membrane of the intestines, and as soon as the eruption fades the diarrhea will stop.

In short, in the treatment of measles, make your patient as comfortable as you can. *Do not* put him in a dark room and cover him up with blankets and compel him to drink saffron tea or any other hot nauseous mixture. I have repeatedly seen patients ill with measles, with a temperature of 104° F., wildly delirious, in a dark room, covered with blankets, in about as uncomfortable a condition as possible. I have seen these delirious patients entirely relieved by tepid sponging, and a little fresh air and sunlight.

In conclusion, I desire to state that measles is not necessarily a mild disease; that these patients should be given abundant air space (at least 2,000 cubic feet) and should be treated in a hospital carefully isolated from other infectious diseases.

745 Massachusetts Avenue.

[Written for the MEDICAL BRIEF.]

Pelvic Pains.

BY DAVIS FORSTER, M. D.,
Professor of Diseases of Women in Barnes
Medical College.
St. Louis, Mo.

Pain, the most dreaded of pelvic symptoms, has a distinct function to perform, as an indicator of lesions, and is worthy of our careful attention.

Of gynecological pains, probably the first to attract the attention of the practitioner is the pain in the small of the back of women in labor, indicating the divulsion of the cervix by the presenting head. Before her confinement this same pain in the back has been the parturient woman's first warning of threatened premature labor, and has been the signal for her to retire to a recumbent position.

Another common pain is the one situated at the top of the head, and is a reflex indicator of a uterine lesion.

Of the pains located in the pelvis one of the most common is probably the pain of the ovarian region. Of these pains three are located on the left side to one on the

right side. The reason for this left-sided pain has puzzled gynecologists, and an anatomical explanation seems to be the most feasible. The right ovarian vein empties into the inferior vena cava at an acute angle. The left ovarian vein empties into the renal vein at a right angle. The acute angle manifestly presents an easier channel than the right angle for the flow to join the general blood current. The entrance of the right ovarian vein into the vena cava generally is situated about one-half to one inch lower than the entrance of the left ovarian vein into the renal vein, so that the mechanical problem of lifting the column of blood from one-half to one inch is presented to us. These anatomical conditions seem to be the most plausible theories for this ovarian pain, which is caused by the damming back of the blood upon the ovarian connective tissue and the engorgement of the same.

Of the menstrual pains we have practically three types, a knowledge of which is not to be overlooked. First, the pain of ante-flexion, which starts as soon as the flow starts or within a half hour afterwards, increasing for twelve hours when the maximum is reached, and then decreases and is relieved by the end of twenty-four hours. This pain is due to the twist in the neck of the uterus and is relieved permanently only by thorough divulsion of the cervix or by wearing an ante-flexion stem pessary. The stem pessary is particularly to be advocated in cases of undeveloped infantile uteri, which are stimulated to muscular contraction by the presence of the pessary, and the uterus develops its muscular structure in the effort to expel the foreign body, *i. e.*, the pessary.

The second type of pain is caused by ovarian congestion; it is severe before menstruation, is relieved by the flow, to return after the flow ceases and congestion returns.

The third type is the pain of metritis or endo-metritis, which is constant during menstruation, least severe at its height, and is caused by uterine contractions of engorged tissue and inflamed musculature, and which can only be relieved by the relief of the underlying condition.

5249 Raymond Avenue.

[Written for the MEDICAL BRIEF.]
The Prevalence of Malaria.

BY C. URBAN SMITH, A. B., PH. G., M. D.,

Professor of Principles and Practice of Medicine and Diseases of the Stomach in the Maryland Medical College; Physician-in-Chief Franklin Square Hospital; Fellow of the American Medical Association; Ex-President of the Baltimore Medical and Surgical Association; Member of the Baltimore County Medical Society and Member of the Medical and Chirurgical Faculty of Maryland, etc., etc., etc. Baltimore, Md.

In examining the blood of patients as part of routine examination, I was impressed by the large number that contained the plasmodium of malaria, and determined to make a regular systematic record. These examinations extended over a period of two years, and the cases were taken haphazard from the regular run of office patients. The examination of the blood of these patients was taken without consideration for the symptoms of disease for which they presented themselves. Both dry and fresh specimens were taken, relying almost entirely for the finding of the plasmodium in the fresh specimen, as my experience has taught me that the dry specimen stained is very unreliable in many instances.

Careful clinical examination was made of these cases as regarded temperature and history. The temperature was found in seventy-two cases to range from 99 to 105° F. Those above 100° F. being acute attacks, cases of intermittent fever and where inflammatory conditions existed. The rule was in the larger number of cases to find no temperature at all during the twenty-four hours, even though taken every three hours. There may have been a slight rise of temperature in a number of these cases due to the malarial plasmodium, at odd times, which I was unable to record or get any history of from the patient. The examination of the stained specimens showed all the cases to be of the tertian variety, excepting twelve quartrant and five astervo automnal. Only sixty-seven of these cases gave any history of acute attacks of chills and fever, and some of them dated back as far as eighteen years.

It was interesting to note how widely distributed these cases were geograph-

ically, showing that the disease existed in sections not supposed to be malarial. The following States furnished patients with well-marked blood symptoms: Maine, one; Ohio, three; Indiana, one; Illinois, two; Indian Territory, one; New York State, three; New York City, six; Brooklyn, two; New Jersey, seven; Virginia, eighteen; West Virginia, two; North Carolina, twenty-three; South Carolina, seven; Georgia, two; Florida, two; Alabama, one; Tennessee, two; Maryland, State, forty-one, and Baltimore makes up the balance—about three hundred and twenty.

These cases of malaria were found either primarily or as a complication with the following diseases: Acute malaria, thirty; chronic catarrhal dysentery, eighteen; amebic dysentery, three. The following is a list of the various diseases in which malaria was found as a complication:

20 Cases Acute Malaria.....	20	Malaria.
15 Cases Chronic Dysentery.....	11	"
38 Neurasthenia.....	27	"
34 Atonic Gastritis (children).....	23	"
3 Chronic Malaria Cachexia.....	3	"
29 Hyperchlorhydria.....	25	"
7 Tuberculosis.....	3	"
9 Enterolysis.....	7	"
6 Gall Stones.....	4	"
11 Asthma.....	9	"
5 Hay Fever.....	4	"
15 Typhoid.....	12	"
9 Uterine and Ovarian Congestion.....	6	"
3 Chlorosis.....	1	"
12 Chronic Catarrhal Gastritis.....	8	"
15 Rheumatism (subacute).....	10	"
9 Gastric Ulcer.....	7	"
7 Gastric Carcinoma.....	2	"
11 Acute Lobar Pneumonia.....	6	"
6 Migraine and Neuralgia.....	4	"
14 Grippe.....	10	"
9 Nephritis, Chronic Interstitial.....	4	"
3 Nephritis, Chronic Parenchymatous.....	1	"
23 Catarrhal Conditions, Nose and Throat.....	15	"
1 Pseudo Angina Pectoris.....	1	"
3 Gastroptosis.....	1	"
11 Gastricostia.....	6	"
15 Subacute Malaria.....	15	"

Treatment.—Medical treatment has been rather unsatisfactory in the majority of these cases. Whether it was due to the effect of the complication that may have existed with the malaria, or interfering with the treatment directed at the plasmodium of malaria, is a question. Practically all of these diseases or complications showed little or no improvement unless the malaria was treated at the same time. This was very difficult on account of the disastrous effect upon the stomach and the vasomotor system of quinine, preventing the giving of the same in suf-

ficient dosage to destroy the plasmodium in the blood.

Quinine has been our sheet anchor in the treatment of malarial conditions and has been looked upon as one of the few specifics in medicine. There is no doubt that it is to-day the best remedy we have to destroy the parasite, but we are constantly handicapped by the individual organisms which have an idiosyncrasy to the drug and are unable to take it in large enough quantities to completely eradicate the plasmodium from the blood.

All cases improve under quinine, even when it is given in small doses continuously over a greater or lesser time, but experience as to complete disappearance of the plasmodium from the blood with quinine has been very disappointing, having had many of my patients on full doses to the point of cinchonism for a period of three to four months. The examination of the blood of these patients regularly, the presence of the plasmodium, even though they were decidedly better and were loath to continue the quinine. It is just such cases as these which go on from year to year, with the presence of malaria in the blood, and act as mediums of inoculation for individuals that are free of the disease. These are the patients that in the early summer, when the anophles mosquito makes his appearance and obtains from their anatomy a culture of blood and inoculates another individual with the same, keeping up a continuous chain of malaria from year to year.

The other medicinal agents used in these cases, in an effort to completely eradicate the disease, are arsenic, iron and methylene blue, with general tonic treatment. The arsenic was used to the point of saturation with Fowler's solution, keeping the patient for weeks under its influence. In cases of severe anemia, and where the complicating disease did not contraindicate the use of the arsenic, it seemed to do considerable good, many patients showing more improvement with the arsenic than with the quinine. Arsenic was also given to some of the severer cases where there was a large number of parasites in the blood, hypodermically. This was given in the form of sodium arsenite, starting with one one-

hundred-and-fiftieth of a grain once a day and gradually increasing the dose until the patient showed distinct symptoms of arsenical poisoning. This treatment gave more decided results than arsenic by the mouth, but was extremely irritating to most of the patients and, even though using all aseptic precautions, abscesses would form.

The combination of arsenic, quinine and iron seemed to give the best results in long-standing cases in which there was not such a large number of germs in the blood. The iron was given in different forms.

Methylene blue, which was introduced by Ehrlich for the treatment of malaria, and of which so much was expected, has been entirely disappointing in my hands. This drug was given in fifteen grains daily, divided into doses of five grains, which was without any appreciable effect whatever upon the disappearance of the parasite.

Although finding it practically impossible, with the remedies spoken of, to destroy the malarial infection, it was most interesting and gratifying to note the improvement in many of the diseases. This was especially striking in the cases of nervous origin and in many of the chronic diseases.

A change of climate seemed of more benefit towards complete recovery or disappearance of the germ than any of the previous treatments. Seashore or mountain residence seemed equally desirable and effective.

To sum up: The influence of a regular, systematic examination of the blood in all patients, whether presenting malarial symptoms or not, is certainly imperative, when we consider the large percentage of cases found. The recognition is of great importance, whether it be a primary disease or a complication, from the standpoint of treatment.

The fresh specimen examination is undoubtedly the most reliable and can be made without very much trouble or inconvenience.

In the present state of our knowledge as to treatment, quinine is still the most dependable drug we have for this condition.

1923 Madison Avenue.

[Written for the MEDICAL BRIEF.]

Alcohol.

BY JAMES M. GOOD, PH. M. AND HON. M. D.,
 Professor of Theory and Principles of Pharmacy
 St. Louis College of Pharmacy; Member of the
 Committee of Revision United
 States Pharmacopœia.
 St. Louis, Mo.

For convenience in study, the science of chemistry is divided into organic chemistry, the chemistry of the carbon compounds, and inorganic chemistry. Organic chemistry deals with the compounds of organic origin, substances obtained from organic bodies. Organic bodies are such as possess organs on the action of which depend their growth and perfection. They are either animal or vegetable in origin. Inorganic substances are devoid of an organized structure.

Among organic bodies in point of interest and importance, the alcohols occupy a conspicuous place. Alcohol in chemistry is a compound of hydroxyl and a hydrocarbon radical which acts as a base.

The chemist classifies alcohols as monatomic, diatomic, triatomic, etc. He further classifies them as primary, secondary, etc. The more prominent, well-known alcohols are ethyl alcohol, methyl alcohol, and amyl alcohol.

Methyl alcohol is obtained in the destructive distillation of wood, and is known by various names such as wood alcohol, wood spirit, wood naphtha, etc. It has important uses in the arts, and is a good solvent for substances used in the preparation of varnishes, but it must be classed among the poisons and it is entirely unfit for use as a remedy, either internally or externally.

Amyl alcohol is obtained by continuing the distillation after ethyl alcohol ceases to come over. It is this which gives to whisky its characteristic odor and taste.

Some familiar substances known as alcohols by chemists, but not by the public so regarded, are glycerin and carbonic acid. In pharmacy, one substance only, that known as ethyl alcohol, is understood, when the term alcohol is used. If other alcohols are mentioned, the name of the radical is given, as amyl alcohol, ethyl alcohol, etc.

Ethyl alcohol is obtained from any substance rich in starch or sugar, such as grain, potatoes, juices of fruits, and possibly from cellulose, by converting it into sugar.

The conditions essential to produce alcohol are a solution of sugar, air, moisture, warm temperature, and the presence of a ferment. The process is called fermentation. Alcohol is obtained from the mixture by distillation. The cereals, grain, wheat, rye, etc., furnish starch; by the action of the ferment this is converted into its soluble form, or dextrine; by further fermentation, and the absorption of water glucose is formed; this substance is next broken up into alcohol and carbon dioxide. Further oxydation of the alcohol produces aldehyde and finally acetic acid. This fermentation is called sometimes the vinous and sometimes the acetic. The first distillation of this fermented mixture (the first run of the still) is called low wine, and further rectification yields high wine.

The mixture of grains, water, malt and ferment used by distillers is called mash. If the ferment should be new, such as beer yeast, it is called sweet mash; if of a previous mash, which is sour in character, it is called sour mash.

We have seen that the fermentation which produces alcohol will generate acetic acid if it be allowed to continue. Arrested before it passes into acetic, the products formed are alcohol, carbon dioxide and amyl alcohol (fusel oil) glycerine, succinic acid and a variety of other substances. The equations of the chemists show only the principal reactions, but in the breaking up of an organic substance by fermentation a great variety of new compounds is formed. For the distillation of alcohol, whiskies are treated with charcoal and redistilled by the use of a series of condensers; distillation is in a sense fractional. Alcohol comparatively free from further products is eventually obtained.

The substance known as neutral sweet spirits is high wine filtered through charcoal, but not redistilled. It is colorless like alcohol, but with much of the odor of whisky. Whisky, brandy, rum, gin and arrack are all well-known intoxicating beverages and are made by fermenta-

tion and distillation. The alcohol in each is the variety known as ethyl alcohol. The difference in flavor is owing to the different essential oils which they contain.

Other alcoholic liquors which are not distilled are the various wines, such as port, sherry, claret, beer, etc. The fermented liquid from which whisky is distilled is known as beer; raked off and clarified, it is put on the market as the well-known beverage of that name.

An intoxicating drink which is not so familiar to the public generally, is that produced in Mexico, and is called pulque. It is produced by the fermentation of the juice of the maguey plant. Indulged in to excess, the effect is the same; it tangles the legs, flushes the face and puts queer fancies into the brain.

Both in pharmacy and in medicine, alcohol has its legitimate and important uses. In pharmacy, in the preparation of tinctures it is the purest and least objectionable solvent for many of the organic constituents of drugs, such as resins, aromatic principles and alkaloids. Manufacturing chemists and pharmacists find it necessary to use it largely, and if some plan can be devised whereby it could be furnished them for such purpose free of tax, their endeavor would be stimulated, and the public would be benefited.

This is a problem which the government officials have not been able to solve as yet. The present tax on highwines is \$1.10 a gallon. This is proof spirit. The tax on alcohol is \$2.20 a gallon, the market price is \$2.55 a gallon; the actual cost of producing and handling it is seen to be small. A very large proportion of the revenue of the government is derived from the tax on highwines and alcohol. This tax is supplemented by the tax on tobacco in various forms. The willingness with which this tax is paid shows the wisdom of placing it upon luxuries. This high tax is evaded very frequently by the running of illicit distilleries. These are conducted in the mountains of North Carolina and Tennessee by a class of men who have come to be known as moonshiners, their fires being less conspicuous because of the bright light of the moon. Their output is sometimes known as mountain dew.

The men engaged in this illicit work are usually desperate fellows and give the revenue officers much trouble; but the evasion of the tax, when it is possible, makes the industry a profitable one. It will be seen, therefore, that the regulations for the use of alcohol tax free are difficult to devise, as dishonest men everywhere would take advantage of any laxity in this respect. Official alcohols, that is, official varieties of ethyl alcohol, differ only in the strength of the spirit and the freedom from impurities; that known as alcohol is ninety-one per cent by weight. The deodorized alcohol, which is known by the trade as cologne spirit, is ninety-two and one-half per cent by weight, and almost entirely free from impurities. The so-called absolute alcohol is ninety-nine per cent by weight. As a menstruum it is necessary to use variable proportions of alcohol and water. Diluted alcohol is forty-one per cent of ethyl alcohol by weight. It is an interesting fact, illustrated in the mixing of alcohol and water to prepare this, that a marked decrease in volume occurs, equaling about three per cent of the sum total of the two. This is accompanied by an increase in temperature. It shows the very great affinity that alcohol and water have for each other. This affinity is further illustrated by an experiment in dialysis. A bladder filled with diluted alcohol and suspended in water, will be finally burst by the increase of water in the bladder in the action of endosmosis.

In the preparation of tinctures the result is a strong stimulant if a small amount of drug be taken and a considerable proportion of alcohol be used in the menstruum. Physicians find it necessary, at times, to use a strong stimulant either in the form of brandy, whisky or these tinctures. Stimulants, when directed by the wise physician, play an important part in sustaining a patient during a critical period.

The prejudice against the use of stimulants is well grounded, and those who have taken a strong stand against their use are amply justifiable when we view the distressing effects which follow the abuse of alcoholic liquors. It may be doubted whether agitation of the subject

results in good. The best temperance lecture is that which comes from the business man when he says to an employe who comes before him in an intoxicated condition, "You are incapacitated for work. We have no use for a man who does not come to us with a clear head and steady nerves."

2348 Olive Street.

Copyright 1905, by L. A. LE MIEUX
[Written for the MEDICAL BRIEF.]

Some Elements in Modern Ophthalmology.

L. A. LE MIEUX, OPH. D.,

Neurologist, Ophthalmologist and Pharmacist;
Graduate from the Department of Ophthalmology and Neurology, at McCormick
Neurological College, Chicago.
Seymour, Wis.

The cornea, aqueous humor, crystalline lens with its capsule, and the vitreous humor, form what is called the dioptric system of the eye. The retina is the end of the optic nerve expanded into a thin, net-like layer; it gives the special sense of sight. The optic nerve entrance, or optic disc, has no visual power, it is called the blind spot, it is at the back and practically half way between the top and bottom, but about the distance of its own width to the nasal side, to leave a clear field in the vicinity of the visual axis at the posterior pole, where the image is formed. This clear field is called the macula. Some one who did not know named it *macula lutea*, which means the yellow spot. That name is misleading, because it is not yellow, it is simply a thickened bundle of nerve cells congregated there, as it is used more than any other part of the retina and is more highly developed by continued exercise; like any small cluster of nerve cells it is transparent and almost colorless. If it were of "a rich yellow" (as stated in Gray's Anatomy, American edition, 1897, and accepted by many medical men and colleges to this day) it would tint images as a yellow screen, intensify chromatic aberration and interfere with vision. It is depressed at its center into a cupuled receptacle, which is the most perfect form to neutralize spherical aberration, as parallel rays which strike the first surface, near

the periphery, suffer more refraction than those which strike it closer to the center, so they reach the axis sooner after passing through lenses of such power as the dioptric system; hence, a concave screen is better than a plane one to receive such images and transmit faultless impressions to the brain, which sees through it. The form of the macula is not the cause, it is the effect of attempts made by Nature to equalize the crossing points of differing rays at the axis, which results in producing a slight hollow where the axial ray perpetually penetrates during the act of vision. Theoretically, the eye must be an achromatic and aplanatic instrument, because Nature uses perfect means to get perfect results; in practice, we find the perfect eye just what it should be in theory. Imperfect eyes are a different proposition, but Nature's law is always the same.

The conjunctiva is a delicate membrane composed of fine nerves and small vessels. It lines the lids and covers the front part of the main globe. The cornea, which is a segment of a smaller globe, is cellular and has no blood vessels. The conjunctiva fits so tightly that there is no room for matter to accumulate behind it; the fluid soaking through it collects between it and the lid proper, and it would become fettered if it were not for the little machines we call Meibomian glands, situated along the edges of the lids and having openings on their face margins which take this matter and carry it off, using it as a sort of grease to keep the lids from sticking together when closed.

In hypermetropia, called hyperopia for short, the effort to accommodate often sets up such friction that it overheats the outer appendages; in exactly the same manner that a tight bearing causes a hot-box in other machinery. When such an eye is suddenly exposed to cold air it gets a chill, which causes the surrounding nerves to contract, thus closing the gland openings, this interferes with circulation and congests the blood vessels, the eye becomes blood-shot, the inflammation increases and starts all sorts of troubles which old-school doctors call diseases, among which granulated lids, blepharitis, styas, and painful irritations of both the extrinsic and intrinsic tissues are com-

mon examples. It is readily proven that these ills are not diseases, but merely symptoms of functional derangement, as there is a simple solution to every natural problem. In practice we prove it by mechanical treatment, giving prompt relief without medicine, and by analogy in reasoning from cause to effect and back from effect to cause. The demonstration is practical, mechanical and mathematical; the results show for themselves, so any one who will can understand.

The course of hyperopia to granulated lids is simple, natural and easily traced. Understanding the rudiments of physical law, and knowing how the normal eye works, any one not biased by tradition or prejudice is qualified to read, understand and know the simple truth. Basing our eduction upon the science of common things, divesting our minds of the mist of superstition, as well as the fear of criticism, we are able to grasp first principles, and the solution is like an open primer. If the meibomian glands remain closed long enough the sebaceous matter accumulates because it can not get out, the heat condenses it by evaporation, it concretes and deposits crystals of solidified secretions, the sharp angles of the crystals cut, scratch and hurt. This gives the victim the impression that he has got sand in his eye. It is natural for any one who does not thoroughly understand the structure and functions of a normal eye to believe as he believes. The truth is, so far as the acute symptom shows, he has sand in his eye, but it is not as he thinks, sand from outside. That sand was produced in his lids as a result of functional derangement and the functional derangement is caused by his physiological deformity, which is undeveloped eyes, or what we know as hyperopia. The hyperopic eye is the only organ which can overcome its own defects in such a way as to perform its function of vision in an apparently normal manner. This is why hyperopes are deceived in regard to their eyes; also, why prominent oculists are sometimes deceived into diagnosing hyperopia as emmetropia, or what is worse, mistake it for myopia, even after having used mydriatics.

The average hyperope, who can overcome his defect by accommodation, is

truly to be pitied. He thinks he is sick and takes all sorts of dope for all sorts of imaginary diseases and real ills. He gets no relief, because drugs do not reach the cause of his troubles. He is the most difficult to treat by the scientific method because he sees well, and it is very hard to convince him that his "good vision" is the first cause of all his ills.

Good vision is not proof of good, or normal, eyes, and excellent vision is often to blame for excruciating agony of mind and body. People who have extra fine and sharp vision are always suffering from chronic, nervous ills; the constant strife of the eyes to get vision drains the nerve supply and it depletes the reserve of energy so that there is not enough power left to operate the vascular and viscous systems. They have headache, neuralgia, brain fag, prostration; dyspepsia, constipation, piles; weak lungs, short breath, coughs; weak heart, palpitation, fainting spells, which, in time, run into insanity, gastrobrosis, consumption, angina pectoris, or any of those diseases which owe their origin to wasting and degeneration of one or several parts. The first cause dates from birth and the ills are due to a lack of nutrition to distant organs, because of the excessive demands of the eyes at the fountain-head. The stomach, lungs and heart naturally suffer first, they being clearly related to the eyes, since they get their motive power from the same source, direct from the brain.

Gauging nerve supply and measuring eye defects are not mortal operations, yet to do the work requires more general knowledge and special preparation than to amputate a leg or to treat small-pox. Doctors who do not know the essentials of the philosophy and mechanics of the human body as the groundwork of anatomy and physiology well enough to appreciate the difference between machinery and medicine, or deformity and disease, surely do not know what modern ophthalmology and neurology is, and are not fitted to analyze functional derangements or to prescribe for the ills incident thereto. They are always seeking after strange gods and hoping to do marvels with medicine. They see the quickening (?) of atropine and imagine there is some-

thing mysterious about it, which no one but a sorcerer or a Berliner professor can fathom. The truth is, there is only one place in the world where ophthalmology is taught right and that is in the United States. This country is further advanced in eye work than any school in Europe or elsewhere. The chances are that the foreign eminences know no more about the philosophy of life, elementary physics, mechanics, mathematics or nerve-strain than their followers, and they can not explain what the trouble is, what causes it, how it causes it, or why it causes it; what drugs do, how they do it, or why they do what they do.

The inveteracy of medical writers to old blunders is deplorable because so many base their learning upon what others say or write, never inquiring for themselves into the truth of matters. So the sheep continue to declare hyperopia cured when the acute symptoms relent for a little while; but the shepherd ought to know that when a curable ailment is cured its bad effects will not come back; that hyperopia is incurable, because it is a deformity we can not reach with medicine, operation or anything else. The best that can be done for the victim is to relieve him of the consequent ills, by adjusting the rays of light to the needs of his defect before they enter the eye, with lenses to be worn constantly during waking hours; the bad effects go and will not return, but the deformity is still there, it is not cured. Errors of refraction can be corrected for victims of any age; the earlier it is done the better for their health and comfort, as if the defect is permitted to go uncorrected it wears upon the mechanism of the body and is liable to produce lesions at remote parts, which will not yield to the refraction treatment. While it is true that the nerve-strain due to uncorrected hyperopia may produce lesions and tumors at remote parts, through the sympathy that exists between the sphincters, no one with a spoonful of brains in front of his ears would try to cure tumors with lenses, although they might have prevented the lesions if they had been worn before they began to form. All babes (except freaks) are born hyperopic, because their little eyes are undeveloped, the same as the rest

of their anatomy. Some outgrow congenital hyperopia, but many do not outgrow it, and those are hyperopic always, through life.

Should hyperopia in little children be corrected? To be sure, if they suffer from its bad effects. It will relieve the eye of overwork, lighten the nerve-strain and give them a better chance to develop the body, including the hope of outgrowing the hyperopia itself, when the glasses may be laid aside. It is patent that myopic children are always well developed, and in high degrees of simple myopia they are over-developed. So a small amount of simple myopia is not such a bad thing to have, even if it does interfere with long-range vision a little. It appears that Nature did not intend that human beings should have long-distance telescopes for eyes and enjoy good health at the same time. While emmetropia is the ideal condition, it is the exception in our day and eye defects are the rule. One-fourth or one-half of one dioptré of uncorrected simple myopia never hurts any one; the child develops well and is comfortable; but the same amount of uncorrected hyperopia may cause all kinds of inconveniences, even though the victim can see like an eagle. Incidentally, the hawk's intense hyperopia is undoubtedly the cause of his nervous and savage disposition, while the elephant, with his dull vision, is mild and gentle.

When astigmatism exists, either alone or combined with hyperopia or myopia, the case takes on a very different aspect and if left uncorrected it is hell and repeat for the victim from waking to sleeping hours, and often deprives him of sleep.

A community of uncorrected astigmats would be as bad as the howling apes of Central Africa; one of hyperopes is a war-like people, and a community of myopes in low degree, with a liberal sprinkling of emmetropes, would be a people of mild, gentle and affable bearing.

Medicine can only act in one of two ways, mechanically, or chemically. Mechanically it can do one of two things, provoke or restrain nerve action, thus increasing or decreasing peristalsis, which is the source of motion, and the duality of motion is life, so far as we know.

Chemically it may dissolve or neutralize extraneous matter and assist in its elimination, or it may combine with components and add to, or supply deficiency in the system. This is all one can get out of medicine when intelligently used for any purpose, in any place, in any way, at any time. The details of finding out when medicine is needed, or what kind to prescribe, is a different question, which we leave to medical doctors, providing they do not prescribe it to cure deformed eyes.

The effect of atropine (or similar drugs) in hyperopia is to paralyze the nerves of accommodation; when they cease to act the muscles which were actuated by them relax, the glands open, the secretions flow, the pain subsides, the inflammation disappears, and the patient is temporarily relieved, he is not cured. He still has hyperopia; the same cause will produce the same effects, over and over again, any number of times. As curatives, drugs are worse than useless, because the deformity is the same after using them as before, and the inco-ordination is just a little worse from the wear and tear on the working parts of the eye. Emery grinding eases a binding axle-box, helps to start a struggling machine and may delay the destruction of the part involved for a time, but it reduces the effective power of the shaft and shortens the life of the machine. It does not repair damage done to other parts, nor change the construction of the defective part. Lenses do not cure the deformity, either, but they adjust the surroundings to the lame eye and allow it to give the brain correct vision without overwork or pain, and as man is a self-recuperating machine Nature cures the ills in most cases without the aid of medicine. The true ophthalmologist cheerfully turns over to physicians and surgeons acute diseases, blood diseases, operations, and obstetrical cases. Still there is plenty to do for specialists who understand their business and work honestly for the good of their patients. The scope of ophthalmology and neurology is as broad and deeper than the field of medicine itself, because it reaches causes nearly every time, while medicine reaches effects hardly any time. Disease is not a cause, it is an effect, but all ef-

fects are not diseases, most of them are symptoms of functional derangement.

To analyze the causes of human ills and remove them is the work of the ophthalmologist. He gauges nerve supply, learns the patient's capacity and removes the nerve-strain; he measures eye-defects and removes eye-strain. He knows that pure air, cleanliness, proper food, consistent exercise and sufficient sleep are the greatest restorers. He knows that the best any doctor can do is to help Nature to establish normal conditions and that Nature only can cure, so he does not glorify himself for curing anything. He knows how to do his part and teaches the patient how to do his part so as to give Nature the most freedom and the best opportunity possible to do its work well. He knows when his work is going on right, and he knows when his work is finished, because he deals with tangible things, each step has a meaning which affords a line of proved tests. The patient's condition being definitely established, he knows if the case is for him, for medical men, or for both combined. He knows his limits and keeps within their bounds.

The elements of success are as simple as the elements of natural law. Time is valuable, we must not waste our energies on fruitless efforts, lest they fall us in the hour of need. Do one thing at a time, finish that before trying the next. "Work till you are tired and sleep till you are rested," is the motto of our school, and it is the watch-word of all professional men worthy of the name.

Earnest ophthalmologists have no time for what is called fashionable society or the frivolities of gossip. The competent do not seek or want medical or optical practice acts and are opposed to class legislation on general principles, because such laws are born of small, mercenary minds, are not intended for the public good, and have holes in the corners through which any one gifted with five sound senses can discern rats ogling for the whole cheese and imagining themselves growing plump and sleek at the expense of the dupes. No one except those who want office, mislead physicians, misfit oculists, and misthink opticians with mingled misgivings as to their ability to stem the tide of progress, want statute

laws to boost their business by shutting out would-be competitors. The qualified rely upon the merits of good work and the law of supply and demand. The days of ignorance, superstition and suppression are passing. To keep abreast with the times practitioners must fill themselves with facts from their respective branches and educate the public to know the meaning, expanse and usefulness of their work in their chosen profession toward restoring the suffering to health and comfort.

[Written for the MEDICAL BRIEF.]

Scabies and Its Simplest Form of Treatment.

BY S. SHERWELL, M. D.,

Professor of Diseases of the Skin in the Long Island College Hospital, Brooklyn; Attending Physician to Brooklyn, and Long Island College Hospitals. Brooklyn, N. Y.

It seems like supererogatory work to write on the treatment of the itch, all treatises on affections of the skin containing formulæ, and methods of treatment undoubtedly efficacious enough, but for the most part they are repulsive in character, and still more frequently irritating in nature, and effects; leaving behind after the specific cause (the acarus, or itch mite) is destroyed, various forms of dermatitic symptoms which may be and often are persistent; whether due to overstrong and unpleasant unguents, as by some methods; or to maceration and intense friction, etc., as in others.

I have no new remedy to offer; the old and classic one, *sulphur*, is still the best, the mode of application is the only change. The method, to be stated further on, is no new thing in my teaching and experience of nearly thirty years, and that of my students and professional colleagues and others will be found its commendation.

A word or two on the diagnosis of the affection itself, not always an easy one. In classic and orthodox cases, this is readily made; the intense pruritus, constant, but increasing at night, at the time of decubitus, the detection of burrows, or cuniculi in the ordinary sites, as between the fingers, on the wrists, nates,

etc., are all well enough, and quite distinctive in people dirty, or with dirty avocations, or at any rate in those not overclean; but it has been my lot in hundreds of cases referred to me, to find almost everything noticeable, save pruritus, absent, where a relatively high degree of cleanliness has been observed, etc. Now there are two or three sites of election of the parasites in these cases, which may be noted as being diagnostic, in these cleanly, or relatively slightly-affected individuals, to which I would call attention. First in the male, either an adult, or over the infantile age, there will be usually found an efflorescence, a little papule or two, or papulo-vesicle, just on the shaft of the penis, usually held by the fingers in the act of micturition; that being found, as a rule the diagnosis is clear. In the adult female, or young girl, the same sort of lesions will be uncommonly likely to be found on the breast in and around the aureola and nipples.

In both cases this is to be accounted for by the fact of the infecting cause (the young acari) being conveyed to those parts by the necessary handling of the male organ many times during the day, in the act of urinating, and the equally certain act of the female in rubbing or scratching at night the bosom which has been under corset pressure or constraint the most of the day. This is the reason, as above said, for these elective points. A pruritus in these regions with some evident papular lesions, or their remains, probably some on nates, and around waist, and also it may be around wrists, and your diagnosis is, as I think, certain. It matters not whether the fingers are affected, as is so commonly shown as typical in the dermatological picture books, frequent washing of the hands, or occupation involving this, does away with this index.

For my recommended treatment, then: The diagnosis being made, is to say again not to follow out the usual rules given in the books, those by the older authors especially, to rub on strong sulphur ointments, which are equally disagreeable to sight, touch and smell; nor necessarily to be macerated, scrubbed, and afterward inuncted, as is so common a practice in the European clinics, but to bathe fre-

quently and lightly, and as frequently to put on clean underclothing and, as far as possible, bed linen; so as to keep away the male acari, who it will be remembered, do not burrow or have their habitat in the skin, as do the female, but who, on the contrary, live on the surface or folds of the skin itself, or in the garments immediately next to it.

I dust on then or lightly rub in each night, at first, on the whole surface of the body, but more particularly on the portions most generally invaded, a small amount of the washed flowers of sulphur (sulphur loti) and sprinkle a little in the bed, say one-half a drachm (or one-half teaspoonful) in this way, by raising the upper sheet and striking thereon a smart tap, it will be so disseminated on the general surface of the sheets or blankets that it will not be noticed. This by heat of body will, without discomfort to the patient, generate enough sulphurous atmosphere to make it intolerable for the parasite. Usually this gives almost instant, though not perfect relief; the itching habit is too confirmed usually for that, but in a few days the diseased conditions pass away without leaving any irritant effects on the skin or irritation eczemas, which so often follow the use of strong unguents, or lotions, and without odor at any time that can not be covered with a few drops of strong perfume, and without the least uncomfortable feeling by day, or any esthetic annoyance, and if carried out rightly, freedom from all symptoms will result in about a week in the ordinary case.

Of course, such extreme cases as occur in the indescribably dirty races, as of the Russian emigrant, to take a type; cure does not follow so quickly, but even in these would be found efficacious in a slightly protracted time.

Another great advantage of this method is this, that the whole family can be treated at once, and it is seldom among the poorer and more crowded classes, at least, that one does not find others in the same family group also affected.

One ounce or one ounce and a half of sulphur applied in this easy manner is enough for a whole family, if used reasonably; due attention should be paid to bathing, renewal and cleansing of under

and bed clothing. It may be remarked that all applications of the sulphur, in any way, should be after the bath, and after the changes of clothing.

I have so often seen in my visits in the European clinics patients probably cured in an extremely rapid manner, but who, with that apparently accomplished, are sent with their thinned, abnormally-sensitive cuticles back to their homes, wives and children, to be as surely reinfected again as if they had never been treated. It seems to me I can scarcely be too insistent on the last few paragraphs.

It would seem as if it were almost unnecessary to dwell upon the advantages of this mode of treatment, in conditions where large bodies of men, women or children are in restricted and intimate quarters and companionship; as, for instance, in camps, lumbering regions, factory quarters, asylums, and the like. Curative and prophylactic reasons are equally obvious.

I can only add force to this argument, it seems to me, by saying, in conclusion, that I believe the method to be the most cleanly, physiological, and reasonable for the removal of this annoying skin affection.

33 Schermerhorn Street.

[Written for the MEDICAL BRIEF.]
**The Importance of Early Diagnosis
 in Malignant Diseases of
 the Uterus.**

BY THOMAS A. ASHBY, M. D.,
 Professor of Diseases of Women in the University
 of Maryland; Surgeon to the University Hos-
 pital; Consulting Gynecologist to the St.
 Agnes Hospital; Fellow of the Ameri-
 can Gynecological Society, etc., etc.
 Baltimore, Md.

There is no subject of greater importance to the general practitioner than the early diagnosis of cancer of the uterus. There can be no question of the fact that there is a marked increase in the number of cases of uterine cancer, and that numbers of lives are lost annually by its neglect, in the early stages. The failure to investigate these conditions in their primary stages is a sad commentary upon the intelligence of the general practitioner of medicine. Annually a large num-

ber of cancer cases are presented in my work which have been referred to me by professional friends or met with in hospital service. In more than ninety per cent of these cases the disease had made such progress when first examined that a radical operation for the removal of the diseased uterus was a matter of impossibility. Palliative treatment only could be instituted to arrest the progress of the disease.

In a few cases, where the disease has been recognized in the early stages, that is, while still confined to the uterus, the organ has been removed with complete eradication. In two cases where radical procedures have been instituted, the area of the disease had already extended beyond the reach of the knife. The older of these cases was of ten years standing.

Practical experience has shown the sad results which follow a neglect of early diagnosis, and illustrates the great importance of the primary removal of the uterus before the area of infiltration has extended to the vital organs.

It must be remembered that a wide dissection may be required to eliminate the disease in its advanced stages.

The surgeon can not rely altogether upon a hysterectomy for the eradication of the condition, but must carry his dissections into the pelvic glands. Any prophylactic measure employed for the radical operation must reach beyond the area of the cancer-cell infiltration, and this fact makes the early diagnosis of such primary importance to the patient, as well as to the surgeon.

The question may be asked, why is it that the surgeon meets with so few cases of uterine cancer in the primary stages?

The answer will be found in the clinical history of the disease.

Malignant disease of the uterus is most frequently observed during the child-bearing period of life and in the child-bearing woman. Its early symptoms are obscure and in the minds of the average woman are associated with disturbances of her menstrual function of a temporary character.

The most common symptom of the disease is uterine hemorrhage, and unless it is alarming or continuous the patient usually disregards it, or if she consults a

physician she disarms his suspicion or declines a proposition looking to an examination of her condition. By this hesitating policy valuable time is lost and extensive infection may have taken place before the most alarming symptoms—pain, and foul discharge—have become apparent. In this way the most important diagnostic symptoms are overlooked by the patient.

There is, perhaps, no disease so treacherous and so indulgent to the suspicions of the patient, and to the careless medical observer. Hemorrhage, and even foul discharge, may continue for months before an investigation is sought by the patient or is urged by the physician in usual attendance upon the family. Alarming symptoms are in this way overlooked or misinterpreted by the patient, and her physician may fall into the same error, especially if the woman has arrived at or near the menopause. The disturbances which occur in the lives of many women at the close of the menopause are usually regarded as incidental to the subsidence of the function, rather than the outcome of pathological conditions. This is a fatal error. In health the menopause should cease as naturally as menstruation began in early life.

Hemorrhages occurring subsequent to a complete suspension of menstruation is often viewed as a return of the menstrual function. These recurrences, after complete subsidences, can invariably be traced to pathological influences. Any neglect of these important signs of uterine disease at a time when the female pelvic organs should be at rest, is almost fatal to the welfare of the patient.

At the present time no charge of neglect should be brought against the regular graduate of medicine and such criticisms as are applicable may be limited to that class of men whose training has been defective, and who have been led away from modern methods of investigation which are now employed by regular practitioners of medicine.

The clinical diagnosis of malignant disease of the uterus in the primary stages is often difficult. The microscope is the sole reliance, still there are certain features and symptoms in the behavior of the disease which should lead one to sus-

pect and should open the doorway to a more thorough investigation of the pathological conditions present.

The causes of hemorrhage in woman occurring at any period of her life should always be investigated. In non-malignant disease of the uterus, with the exception of certain forms of intrauterine fibroid tumor, hemorrhage seldom recurs after a good curetting of the uterus. In malignant disease of the uterine cavity this is not the case. A recurrence, sooner or later, will follow in every case and continue after two, three or more curettings are made.

A malignant disease is progressive in its action, whilst innocent conditions improve under proper treatment. Recurrences and progressive changes are clinical signs which should always lead to accurate methods of diagnosis. The patient should be examined from time to time; scrapings of diseased tissue should be removed for microscopical investigation. The character of the process should be watched with care and radical measures should be instituted the very first opportunity presented after diagnosis of the disease is made. No time should intervene between the removal of the uterus and the prompt recognition of the condition. In no other way can the progress of cancer be arrested.

1125 Madison Avenue.

[Written for the MEDICAL BRIEF.]

On Diet in Typhoid Fever.

BY GEORGE RICHTER, M. D.,

Formerly Professor of Physiology, Beaumont Hospital Medical College; Member of Various Medical and Other Scientific Societies;
Associate Editor "The Regular Medical Visitor."
St. Louis, Mo.

There is probably no disease, the nursing of which is so interesting, the treatment so full of problems, as the "typhoid." Modern medicine has furnished us with a number of aids in diagnosis, available at a period of the disease when the attentive practitioner is beyond all doubts of what he is dealing with. The typhoid bacillus, the diazo-reaction can be demonstrated at a time when, as a rule, there has been no question any more

about the nature of the trouble. If one would begin to institute proper treatment only after verification of diagnosis by microscope and test-tube, it would probably be much too late.

The most important problem in the treatment of typhoid is still the care in nursing in every respect. All specific treatments have been failures. Though we understand perfectly well the pathological manifestations, a treatment of those symptoms, the disinfection of the alimentary canal, the combating of the fever, have but little influence upon the course of the disease. It should always be remembered that epidemics are apt to exhibit a much different character, that experiences gained in one epidemic will be different in the next, much as in diphtheria. Here, also, the local manifestations are evidently accessible to treatment, but, as a rule, with little benefit to the patient. At one time almost any method will "cure," at other times no form of treatment saves the sufferer, not even the antitoxin.

In typhoid the careful physician still relies principally upon the proper nursing, the most important part of which is the adequate food. Scientifically speaking, one endeavors to supply food which shall be digestible under prevailing conditions (the impaired activity of the stomach and digestive glands), harmless to the inflamed surface, with its exulcerated spots and exposed blood vessels, and also nourishing sufficiently to at least prevent inanition, one of the great factors in causing "debacle," the breaking down of the organism.

It is impossible to supply the patient with the required amount of "calories" in his food. As the nourishment must be given in liquid form, and experience, the only reliable guide, proves that milk is, after all, the most satisfactory food, we would have to introduce quantities of milk, which only very few of the patients could swallow or digest.

Other foods are frequently tried in cases where the patient has an absolute aversion against milk. Strained gruels, white of egg stirred in water, various infant or invalid foods occasionally are acceptable, but more frequently rejected. Peptones and similar "predigested" prep-

arations have disappointed many. Of late attention has been directed towards gelatine, which undoubtedly is a great help in stopping hemorrhages. There had been considerable dispute about the nutritive value of gelatine. This may be considered settled now. Gelatine taken alone, to the exclusion of carbohydrates and fat, can not sustain life. But partaken of together with the other constituents of normal food, it will be a great saver of albumin, which is wasted by the fever in typhoid to an alarming extent. It is most readily digested, never causing any kind of distress in the stomach, and being itself absolutely tasteless, it may be given flavored to any taste of the patient.

Commercial gelatine is not always tasteless, but apt to exhibit a very disagreeable flavor of common glue. Where no pure article is on hand it may be prepared at home after the following recipe:

Take a number of calf's feet or, better yet, the knuckle-bones of cattle, clean them most carefully, chop them into pieces the size of a walnut, put them in a kettle with fresh water and bring them to a slow boiling. After about fifteen minutes pour this water away and add fresh water. Boil slowly for about five hours, adding enough water to keep the bones covered. Then strain through fine muslin. After the liquid has cooled enough add the white of two or more eggs, and again heat until the liquid begins to boil. The egg-white will coagulate. Put in a place where it will cool slowly, being careful, however, not to let it turn sour. A trace of salicylic acid will prevent it. All impurities will gradually settle down and a clear liquid remain on top. This is a pure solution of gelatine, which on cooling forms a stiff jelly. As a most acceptable and beneficial food for the typhoid patient it may be added to broth or milk, or flavored with lemon, or orange, or grape juice, etc. It is also excellent with cream or as a wine jelly (with sherry or port wine). In a number of cases I have succeeded in keeping the patient's strength up by giving liberal quantities of such gelatines, alternating with milk. They all liked the diet better than any other.

407 North Broadway.

[Written for the MEDICAL BRIEF.]
The Cause of Malarial Fever.

BY J. MORRISON, M. D., PH. D.,
 Formerly Professor of Chemistry and Toxicology
 in the Medical Department of the National
 University, at Washington, D. C.
 Washington, D. C.

In view of the prevalence of both malarial and yellow fever in the Panama canal zone during the winter months, as reported in the daily press, and of the certainty of a great increase in the mortality from these diseases in warm weather, I desire to take this opportunity to place before the public the true cause, and to suggest the only remedial measures that can be taken to prevent an attack of either disease on those engaged in the pestilential region through which the canal runs.

Malarial fever is known under the names of "fever and ague" and intermittent fever, or simply by "malaria," a term derived from the Italian "mala," bad, and "aria," air, and has been known from time immemorial. It has been one of the scourges of man ever since his advent on this planet, and accordingly it is referred to among the earliest records of human experience. Hippocrates, the founder of medicine, who flourished about four hundred and sixty years before the Christian era, describes forms of fever identical with those of malarial or intermittent fever.

The cause was believed to be due to the inhalation of poisonous air, but the source and nature of which was unknown. It remained for chemistry, a science of modern origin, to explain the exact nature and composition of this poison, which we shall describe presently.

Within the last decade, a new medical vagary has sprung up, called the germ theory of disease, which assigns the cause of all diseases to the existence of a particular germ taken into the system through water, food or the inhalation of air, and accordingly, the advocates of this theory maintain that malaria is caused by the bite or sting of a certain breed of mosquitoes, called "anopheles." They contend that the poison or plasmodium of malaria is a protozoön which lives upon the

red blood corpuscles or swims freely in the blood current, its life cycle being equal to the interval between the symptomatic chills. They also hold that this poison is elaborated in the stomach of the anopheles, which becomes a carrier of the poison between a person affected with malarial fever and a sound individual who may be stung by such poisoned anopheles. Not the sting of every anopheles is capable of communicating the disease, but only those which have become affected by stinging a fever-stricken person, but as to how the first anopheles become so poisoned, or rather, how the first person contracted the disease, does not yet appear. All this is pure assumption; has never been satisfactorily demonstrated and is utterly untenable in the face of the following facts.

Malarial fever has been frequently known to disappear from localities independently of the presence of mosquitoes.

Nearly a century ago, the Rideau river, which flows into the Ottawa river at Ottawa City, Canada, was converted into a canal by constructing dams and locks at certain places, and as a result, large tracts of densely timbered land lying along its banks, were flooded to depths varying from a few inches to as many feet. The trees died and fell into the water, or were cut down in winter for fuel, leaving the stumps and branches to decay under water. In these shallows aquatic plants sprang up and their subsequent death and decay increased the quantity of carbonaceous matter undergoing decomposition. For some fifteen or twenty years after the construction of this canal, malarial fever was very prevalent along its entire length, and especially wherever the shallow marshes existed. When this mass of vegetable matter was fully oxidized or used up, and the land along the banks cleared of forests and cultivated, malaria completely disappeared and for the last half century or more the disease is unknown in that region, notwithstanding the presence of mosquitoes, which are always there in countless millions. Now, it is quite evident that the mosquitoes could not have been the cause, otherwise the disease would still exist there. Many more such cases could be mentioned, if space permitted.

The New Jersey mosquito is as voracious and blood-thirsty as any of his brethren, but that State is by no means a malarious one, as is evident from the number of health resorts in all parts of the State.

Malaria, however, does exist to a slight extent in the vicinity of the marshes or flats, but the mosquitoes, whether of the anopheles breed or not, are no more active there than elsewhere.

A few years ago the British Government despatched a military force into West Equatorial Africa—one of the most unhealthy regions in the world—for the purpose of punishing some of the tribes who had committed some depredations on the adjacent settlements. At the end of the first day's march into the interior, they encamped for the night on an open plain, at a considerable distance from either forest or marsh. The commander, who evidently knew the nature of the locality, ordered every man to get under cover of his tent at sunset, and to remain there until sunrise. Prince Henry of Battenburg, one of the late Queen Victoria's sons-in-law, a Captain Ferguson and some other officers, thought proper to disobey this order and accordingly, after the moon rose, strolled out for a walk in the brilliant moonlight. On the following morning they were all seized with a violent chill, sent back to the coast, placed on board of a ship and put out to sea, but, notwithstanding all that could be done, the prince and one or two others died in a few days. Not one of those who remained under cover of the tents was attacked. Nothing whatever is said about mosquitoes in this case.

It can not, however, be doubted but that the sting of any poisoned mosquito, or indeed of any other poisoned insect, may in scrofulous persons cause a form of blood-poisoning which may give rise to symptoms resembling those of malarial fever. The bite of the common stable fly and of other harmless insects has been known to produce fatal results.

It is the female mosquito that stings. She inserts her proboscis down through the pores of the skin and injects a fluid to dilute the blood before she sucks it up. The fluid injected is formic acid, a secretion of the parotid gland which, in the

mosquito, is developed out of all proportion to the size of the insect. Formic acid is one of the most formidable poisons and in nature is found in the common nettle (*urtica dioica*) and in bees, wasps and other stinging insects. It is a derivative of methylic, or wood alcohol, to which it bears the same relation that acetic acid (vinegar) does to ethylic or common alcohol.

A bee or wasp injects a much larger quantity than a mosquito, but malarial fever has never been known to result from the sting of these insects, and, besides, the symptoms of formic acid poisoning are not identical with those of malarial fever.

The true cause of malaria is to be found in the inhalation of the miasmata arising from the decay or putrefaction of carbonaceous matter under certain conditions of heat and moisture.

Carbon and oxygen unite to form two compounds, and only two, viz., *carbon monoxide*, having the composition of one atom of carbon and one of oxygen, and *carbon dioxide*, having one atom of carbon and two of oxygen. Under ordinary conditions, both are gases, but both can be condensed to liquids, the former, however, with great difficulty.

Carbon monoxide was discovered by the celebrated Dr. Priestley, the discoverer also of oxygen, and in fact the founder of modern chemistry; but its real nature was not made known until about the beginning of the last century when Cruikshank, another English chemist, showed that it is a powerful narcotic poison, capable of destroying life rapidly, even when inhaled in minute quantity.

Experiments, undertaken with the view of determining the minimum quantity of this gas which would render the air unfit for respiration, have shown that an atmosphere containing only one one-hundredth of carbon monoxide by volume, is rapidly fatal to birds and small animals. Carbon monoxide is always produced by the oxidation or decay of carbonaceous matter when the supply of oxygen is inadequate to the production of the less harmful carbon dioxide. It is a trifle lighter than air, its specific gravity being .969, air being

unity. It is one of the few gases which can be condensed to a liquid with great difficulty, its critical temperature being 222° F., and its critical pressure thirty-five atmospheres. It is very combustible, but a non-supporter of combustion; it burns in the air with a peculiar blue flame, emits no odor and leaves no deposit of solid matter. In the act of combustion it takes up another atom of oxygen from the air and forms carbon dioxide. The same change takes place, but more slowly, under the direct action of sunlight. It is soluble in water to the extent of about six per cent by volume. It is a perfectly neutral oxide, displaying neither basic nor acid properties.

By reason of its ready oxidation to carbon dioxide, it is a powerful reducing agent, many of the noble metals being precipitated in the metallic state from solutions of their salts by carbon monoxide, even in the cold.

It unites with two atoms of chlorine to form the oxychloride of carbon or phosgene gas. This reaction is brought about by exposing to sunlight a mixture composed of equal volumes of chlorine and carbon monoxide, when the color and odor of chlorine disappears and the mixture shrinks to one-half of the original volume. In the dark the gases display no affinity for each other whatever. This remarkable property of combining with chlorine in sunlight and not in the dark, has led to the discovery of a very delicate test for its presence. If a piece of white paper be well moistened with a solution of palladium chloride and exposed in the sunlight to air containing the merest trace of carbon monoxide, it will be blackened. In this reaction, the carbon monoxide decomposes the palladium compound, unites with the chlorine to form phosgene gas and sets the metal free, which blackens the paper. No other known substance will produce this result. Under the influence of heat and moisture, the green parts of plants, growing in dark places, in which there is little or no sunlight, evolve carbon monoxide. Aquatic plants and those growing in shady and swampy places evolve it in greater quantity than those growing in dry soil. While vegetation aids in purifying the air by absorbing the carbon dioxide, re-

taining the carbon and emitting the oxygen, it leads also, under certain conditions, to the evolution, in small quantities, of one of the most poisonous gases known to chemical science and differing from most other noxious gases in the fact that it cannot be detected by its color or odor, but only by the test just given.

Carbon monoxide is a constituent of ordinary coal or illuminating gas, and sometimes of sewer gas, and constitutes their most poisonous element. The gas is always produced by the active combustion of carbon in an ordinary stove or grate fire when the supply of oxygen or air is insufficient to form complete combustion. The blue flame which plays over the surface of a coal fire when the damper is closed is carbon monoxide undergoing conversion into carbon dioxide.

In the laboratory this gas is easily prepared by the action of sulphuric acid on oxalic acid. The latter is composed of one molecule of carbon monoxide, one of carbon dioxide and one of water, and resembles common salt in appearance. On adding, say, an ounce of strong sulphuric acid to about half an ounce of oxalic acid, the former abstracts the water and sets free a mixture of the two gases, which is passed through a bottle containing lime-water or a solution of caustic potash, which absorbs the carbon dioxide to the form of carbonate of lime or potassium, while the carbon monoxide passes out through a delivery tube and may be collected over mercury or ignited. Great care should be taken in performing this experiment to avoid inhaling any of the gas, otherwise serious results may follow.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Some Observations Upon the Preservation of Anatomical Material.

BY WM. C. DUNAWAY, M. D.,

Demonstrator of Anatomy in the Medical Department of the Arkansas University.
Little Rock, Ark.

For three years past I have been using a method of embalming my anatomical material, which has revolutionized the

interest in this study among my students. In years past dissection was a sort of bugbear to both student and teacher from the fact that in smaller schools anatomical material was not always available, and the material on hand was often so decomposed and gave off such an offensive odor that it could only be used in the coldest weather. Since introducing this method of preparing the anatomical material, the dissecting room is one of the most popular places, and the study of anatomy is one of the most interesting and pleasurable in the college course. We take the material as we can get it at any time of the year, embalm it, and by rubbing the extremities with vaseline, and covering the body or part of the cadaver with cheese cloth, the material can be preserved and kept sweet and nice from year to year.

A few cautions must be observed in the care of the anatomical material. The entire surface should be kept covered to keep the flies away, and wet cloths applied from time to time to prevent the surfaces from drying and becoming hard. Sometimes a light mold forms, but this can be prevented by the use of dilute acetic acid, which renders the parts soft and pliable.

So far as I know, this method is the best in use for preserving anatomical material, and it seems to me that if its use was more general, a greater interest in the study of anatomy would follow. Many practitioners in smaller towns who have specimens of interest, find themselves too busy to dissect at the time, and do not know how to preserve their material until a more convenient day.

How many doctors pursue the study of anatomy after leaving college? How many general practitioners are as fully informed on this subject as they should be? It is not always a question of time in the case of the busy practitioner, but the fact that his material is not always available. By the embalming method there is no reason why every practitioner should not have anatomical material available for study at all times, and their studies can be pursued in spare moments with great advantage to themselves and the profession in general.

Corner Second and Louisiana Streets.

[Written for the MEDICAL BRIEF.]
**Plant Structures Versus Plant
 Fragments.**

BY PITTS EDWIN HOWES, M. D.,
 Boston, Mass.

The most valuable knowledge we have to-day regarding drug action has been derived, not from fragments, but from experimentation with their entire structure.

Those who are at all familiar with chemistry must admit that the slightest change in the arrangement of their atoms will produce a product entirely different in all of its characteristics. H_2SO_4 is the formula for sulphuric acid. Drop a single atom of oxygen and you get the mild sulphurous acid in its place. Again, Na_2SO_4 is known as sodium sulphate; extract one atom of oxygen and sodium sulphite is the result. These two salts are used to a considerable extent in medicine, but their action is widely different.

To the thinking mind, such facts—of which those alluded to are fair samples—should be convincing of the folly of striving to make a fragment represent the whole.

When the dropping of a single atom from a formula makes such a change, what must that be which is produced by the disturbance or breaking up of the entire combination?

All investigators in the action of vegetable remedies have made use of the whole plant structure in their experimentation. the results obtained have been due, not to alkaloids, resins or glucosides, but to the combined effect of all the medicinal ingredients which have been extracted from the plant substance. The knowledge thus gained has been the basis on which the therapeutic value of the remedy has been built.

The attempt to make a part of the plant—an alkaloid, for instance—do the work which has been accomplished by the entire drug, has always been a most lamentable failure. Not only that, but the use of such substances has been carried a long way on the road toward therapeutic nihilism.

Veratrum viride has been broken up into a variety of parts, both alkaloidal and resinous. There is no authority, however, that will attempt to prove that, to any of these proximates can be ascribed the value of the *veratrum viride*. Not only is this a fact, but those fragments are of such a nature as would throw the chemical world into the utmost confusion should this be undertaken. This has been the case since Charles Bullock and others, twenty or more years ago, wasted their time in the attempted production of *veratrum* educts and products.

Quinine has long been regarded as the active principle and representative of cinchona bark. The physician, who has made extensive use of the fluid preparation of cinchona in his practice, knows very well that he can get results from that which are impossible from the quinine. Not only this, but also that the evil results arising from the administration of the former are not met when the latter is prescribed.

Chionanthus virginica is a tried and trusty remedy, but no chemist would think of presenting the scientists of the day with a formula which would produce any product that would in any way represent *chionanthus*. The base allegation that a product called *chionanthin* is made by those people who give no evidence that they have anything of the kind—and dare not do so—is a type of many statements made concerning a great variety of drug substances.

Collinsonia canadensis has a reputation established by over fifty years successful use among the eclectic school. It is not possible to produce a fragment which would represent this agent. There is not a chemist of any repute that would think for an instant of making the statement that such an article could be manufactured by a method which he would care to place before the chemical world.

Ergot has never yet yielded to chemical manipulation anything that would take the place of this drug. The so-called ergotine is simply a purified extract of ergot, and sometimes this process is not so well performed as it might be. Challenge any manufacturer to give you the chemical formula of ergotine and you will not be troubled with responses. Those

who speak of any educt of ergot as having the properties of that drug show that they are either ignorant, or else pretenders.

The manipulation of belladonna yields a very active alkaloid—atropine. This does not exist as such in the plant, but is a product of the chemist. Atropine is an intense poison and very active. The rapidity of its action is such that when applied to the eye it produces, in a few minutes, what the belladonna would take hours to accomplish. Notwithstanding atropine was discovered thirty years ago, its use is still usually confined to local applications, usually the eye. Manufacturers of the various belladonna preparations, used in medicine, realize the structural value of the drug and accept the fact that no fragment, made by their chemistry, can produce its action. Moreover, the alkaloid is recognized by chemists as a hyoscyamine compound instead of an atropine compound.

These statements could be extended and applied to a long list of remedies, but enough has been written to show the fallacy of substituting fragments for the entire product.

Those physicians who, in their practice, depend to the greatest degree upon the fluid preparations which represent all of the drug constituents, are the ones that have the greatest amount of faith in their medication. The positive assurance with which they prescribe such agents impress the patient favorably and thus aids materially in their remedial action.

[Written for the MEDICAL BRIEF.]

A Brief History of Modern Surgery.

BY E. J. KEMPF, M. D.,
Jasper, Ind.

(Continued from page 331.)

Orthopedic Splints.—In 1739, Heister described and recommended a T-shaped splint of steel. Neck-shoulder and pelvic-straps were employed to retain it in position. Nuck's spinal brace is described in M. LeVacher's work, "*Traite du Rickets*," published in 1772. The brace had a head-rest, which was fastened to the corset by means of a staff in a metal socket. In 1794, Schmidt, of Marburg, devised an

instrument whereby the weight of the upper part of the trunk was partially supported. Darwin, in 1796, describes two machines for the use of recumbency in the treatment of spinal curvature, and after these are copied the mechanical couches which have been in use since that time. Little, in his book "*On Deformities*," published in 1853, gives a picture and a drawing of an apparatus, or splint, or brace, that closely resembles the Davis splint now in use, improved by Taylor, and others. In 1868, Banning, of New York, published a system of mechanical therapeutics, and describes the Banning spinal brace, still in use. It must be remembered that the main purpose of all these splints is to treat spinal disease by means of fixation and extension. In 1831, Dr. J. Randolph published Dr. P. H. Physick's method of treating hip disease by means of a fixation splint.

Since then many hip splints have been described, pictured and published, among the most important being Martin's hip splint, Sayre's short hip splint, Andrew's ischiatic crutch, Bauer's hip splint, Taylor's hip splint, Thomas' fixation splint, etc.

Orthopedic Operations.—J. and E. Boeckel, in Germany, Israel and Reclus, in France, removed necrotic bone of the vertebrae through an opening made into a psoas abscess in the loin. But in 1885, Reves, in his "*Bodily Deformities*," remarked that the operation was hardly ripe for a name. The first recorded operation of excision of the hip-joint was by Hudson, of Dublin, Ireland, in 1829, the patient being a male adult. Brodie operated in 1836. Charles White first suggested the operation in 1769. In the United States, Dr. Oliver C. Wilcox, of Easton, Pa., operated for the first time, in 1849, on a patient thirty-five years old. For correcting the deformities of hip disease, Dr. Reah Barton, of Philadelphia, performed the first operation in 1826, and Dr. Sayre performed the next operation to correct the deformity in 1862.

Fractures.—In compound fractures, the essential principles of treatment consists in endeavoring to secure the earliest possible union of the wound, and to treat it while it is open, in accordance with the

principles of the antiseptic method. Results are now obtained that were hardly dreamed of in ancient times, and a compound fracture heals almost as readily as a simple one under modern aseptic treatment. In cases complicated by much laceration of the soft parts, Professor Markoe's method of "thorough drainage," with frequent irrigation with a weak carbolic solution, has given excellent results.

In vicious union of the shaft of a long bone when there results notable deformity or disability, the modern surgeon now treats the case by means of resection of the projecting bone, or by dividing the bone and resetting it correctly, and then splinting it. All of which has been made possible by antiseptics.

In fractures of the patella the bone is brought together by wire or catgut, and perfect results have been achieved. A ligature of silk is sometimes placed through the ligamentum patellæ and the tendon of the quadriceps, according to the plan of Stimson, of New York. Of course, such operations must be done only by specially trained surgeons, and by them only under the strictest antiseptic precautions, according to modern surgical technique.

Fractures of the clavicle are also frequently sutured together, where the surroundings permit it. Fractures of the femur, where the deformity can not readily be corrected, are also treated by suturing the ends of the bone together.

The general employment of anesthesia in the examination and the initial treatment of fractures, especially of those near or involving joints, has made diagnosis more accurate and treatment more intelligent. The application of the Roentgen ray to the diagnosis of fracture of bone has already contributed much toward an accurate interpretation of the physical signs of fracture. Antiseptics has opened to operative surgery a very profitable field in the treatment of fractures. The final results after the open incision of closed fractures emphasize the fact that anesthesia, antiseptics, and the Roentgen ray are making the knowledge of fractures more exact, and their treatment less complicated.

Plastic Surgery.—Plastic surgery is that department of the operative art which contemplates the repair of defects and deformities, congenital and acquired. Limited in its early history to the restoration of parts destroyed by trauma, plastic surgery has, in the course of centuries, widened its range of utility until its present achievements have been carried to all parts of the body covered by the general integument and to many of the cavities lined with mucous membrane.

Although Galen and Paul of Aegina repeated the precepts of Celsus in regard to plastic surgery, the little that was known of plastic operations lapsed into an oblivion even greater than that which befel general surgery, and from which it was not recovered for over a thousand years. In 1442, Pietro Lonzano, Bishop of Lu, published a statement in the "*Annales du Monde*," that a Sicilian, named Branca, had found a new method of supplying the loss of a nose. Among the pupils of Branca was his son, Antonio, who had improved and extended his father's method by taking the integument from the arm and by replacing the loss of lips and ears in the same way. It remained, however, for Gaspardus Tallacotius to develop plastic surgery to a degree unknown before him, and to publish the first scientific work on it two years before his death, in 1599. In it are described his methods of operating and of retaining the parts in position; and the illustrations accompanying the text have been utilized from century to century by almost all authorities who have written upon the subject. Tallacotius may be credited with being the father of conservative surgery in its best sense. In 1794, a Madras journal gave an account of a successful rhinoplasty practiced by one of the Koomas, who transplanted skin from the forehead. In 1814, Carpie successfully replaced the lower portion of the nose, following the Madras method. In 1816, Von Graefe introduced plastic surgery on the continent, giving preference to the method of Tallacotius, or Tagliacozzi. Associated with the more recent progress of plastic surgery are the names of Skey, Liston, and Fergusson, in England; Sedillot and Jobert, in France; Dieffenbach, Langenbeck, Fritze, and Thiersch, in Ger-

many; and the elder Pancoast and Gurdon Buck, in the United States.

Brain, Surgery of the.—Although in 1871 Broca located a cerebral abscess in the speech center, and greatly relieved the patient by trephining, modern brain surgery begins properly with a modest report of a case by Macewen in the *Glasgow Medical Journal* for 1879, XII., 210, and later a more elaborate paper by the same author, in the *Lancet* for 1881, II., page 541. In these papers the author narrates three cases occurring in 1876 and 1879, in which cerebral disease was located by the focal symptoms. They were successfully operated upon. In 1884, Dr. Hughes Bennett and Mr. Godlee described a case, in the *Lancet* for December 20, of subcortical tumor of the brain, diagnosticated by the localizing symptoms alone and before operation. The tumor was successfully removed, but the patient subsequently died of suppurative meningitis. The attention of the medical world was instantly arrested by the precision of the diagnosis of the case, the success of the operative technique, and the evidence it afforded that we could successfully cope with heretofore hopeless cases.

The first American paper on cerebral tumor, by Hirschfelder and Morse, of San Francisco, appeared in the *Pacific Medical and Surgical Journal* for April, 1886. The case was that of a successful localization, but unsuccessful removal, of a brain tumor.

Two most remarkable papers on brain surgery, however, were published soon afterward by Mr. Victor Horsley, in the *British Medical Journal*, for October 9, 1886, and April 23, 1887. In these papers ten cases were related, all of which were correctly localized; only one died, and the remainder were either benefited or cured. These cases of removal of brain tumor, and even of portions of diseased brain tissue, the cause of epilepsy, intense headache, etc. In the United States, John B. Roberts, R. W. Amidon, Seguin and Weir, and W. W. Keen, deserve special mention for excellent essays on brain surgery. In Germany, the most elaborate and important paper was published in *Langenbeck's Archiv*, by von Bergmann, on this very important and interesting subject.

In 1888, Mr. Horsley published, in the *British Medical Journal*, an account of the removal of a tumor from the spinal cord, which was soon followed by other reports. These improvements in surgery were only made possible by modern antiseptic technique.

Diseases of the Stomach, Liver, Bowels, Pancreas, Spleen, Gall Bladder, must date their history from the day of the awakening of anatomy, physiology, and pathological investigation; and our medical and surgical knowledge must be attributed to the better knowledge of *post-mortem* work, and the experiments in the laboratories of the present advanced condition of the medical sciences.

Diseases of the Kidneys.—In 1827, Richard Bright first pointed out distinctly the connection between certain cases of dropsy and morbid changes in the kidneys, both structural and functional. The study of the diffuse inflammation of the kidney dates from the investigation of Bright, and the name of "Bright's Disease" has ever since that time been applied to diffuse affections of the kidneys, accompanied during life by excretion of albumen. Whilst we no longer follow the idea that Bright's disease is a labeled disease, made out as soon as we discover albumen in the urine, to Dr. Bright must be given the credit of being the first to draw the attention of a host of workers to a class of diseases as interesting as important to the human race.

The literature of the subject is enormous. The most important are the works of Rosenstein, Klebs, Wagner, Conheim, Bartels, Cornil and Ranvier, Delafield and Prudden, Grainger Stewart, Dickinson, George Johnson, Millard, Tyson, Charcot, Traube, Trousseau, Mahomed, Weigert, and many others, whose writings have been studied by the physicians of the present generation.

Edebohls.—Strange to say, the latest triumph in American surgery has been achieved in the cure of Bright's disease by chirurgical means. Dr. George M. Edebohls, professor of the diseases of women at the New York Post-Graduate School, published in the *Medical News* of New York, April 22, 1899, the record of an operation performed for the cure of chronic Bright's disease, by renal de-

capsulation. The operation consists in denuding the kidney of its capsule proper, a membrane intervening between the kidney and its fatty capsule. Since then, Edebohls has performed the operation about forty times, the recoveries being in some cases radical and permanent. Whether it will retain its place in surgery as a legitimate operation remains to be seen.

[Written for the MEDICAL BRIEF.]

Preventive Medicine.

BY D. A. BLAIR, M. D.,
Ellsville, Ill.

(Continued from page 336.)

Syphilis.—We refer now to syphilis. As to its age or origin, we know little or nothing. We are told that the Chinese claim to have been cursed with it two thousand years before Christ, and it has been in existence in all countries of the civilized world ever since, under many different names. Others claim it was brought from America in the ships of Columbus, and from this origin spread over Europe like a plague. To substantiate this last theory, it is cited that syphilis was not recognized as a morbid unity until about 1494-5; and that from that time on, for a greater or less period of time, it acted with great virulence, no class of society being exempt from its attacks.

It is present everywhere, in the palace of the king, and in the hovel of his meanest subject. In that, at least, they are on equal grounds. It fastens its merciless fangs upon the unborn infant, and accompanies the hoary-headed patriarch to his last resting-place.

Whenever and wherever was the origin of syphilis, matters little. Now it is universal. So far as we are able to learn, it appears to follow civilization as though it would make it not an unmixed blessing.

Many theories of the cause, cure, and prevention have been, in their turn, weighed in the scales of experience and investigation, and have been found wanting, and as a result, have sunk into innocuous desuetude, until, finally, the medical profession adopted, almost universally, the mercurial treatment as the one which

came nearest giving the desired results, but this form of treatment has many undesirable features which investigators are seeking to eliminate. In Portugal and Spain, we are told that syphilis is *exceptionally mild*, and Ferguson claims that the reason is that the population is *saturated* with it. Now, these two statements being true, reasoning from analogy, as in the case of small-pox, both of the diseases being systemic and caused by a specific poison, why not inoculate with the virus in a reduced form? At least, it would modify the disease; for the rational conclusion from the way in which it has acted in Spain and Portugal is, that, as it spreads and becomes reduced in virulence by being transmitted from parent to child, and being again communicated to healthy individuals, continually losing its power for harm by coming in contact with new blood, in time it will become innocuous. We believe this process can be hastened by artificial means, and a serum or some like product secured which will act more rapidly and with greater certainty than the present treatment mercurial. We give this as a suggestion, for there is no more prolific field for the earnest and intelligent student who seeks to benefit humanity.

Leprosy.—Leprosy is another of the great scourges of mankind, of which, as yet, little or nothing is known, except as it manifests itself in the terrible suffering it causes. It, like its twin brother, syphilis, can claim for itself the most erratic methods of manifestation. And as to age, it stands on equal grounds, for it prevailed in Egypt at least three thousand years before Christ.

It was known in India and China many centuries before the Christian era. The Greek and Roman physicians were acquainted with its manifestations, and throughout the middle ages it prevailed extensively in Europe, but during the sixteenth century it gradually declined. As to its geographical distribution, it appears that it is known from pole to pole.

Among the laity it is generally supposed to prevail in the tropical regions, but we find that, at the present time, it exists in Norway and Sweden and parts of Russia, with imported cases in England.

In the United States there are three leprous foci, Louisiana heading the list with from three hundred to five hundred lepers; Minnesota is next with about one hundred and seventy. California contributes (May 1st, 1898) sixteen cases of this loathesome disease. Most, if not all the cases in the United States are imported, with the exception of those in Louisiana; and since we have acquired the Hawaiian Islands we have increased our leprous population at least one thousand four hundred, with perhaps twenty-five per cent of the native population infected. These islands have been a continual menace to this country from this cause, and are more so now that there is greater intercourse since their annexation.

The people of those islands, especially the natives, are very averse to the laws of segregation, which are to a greater or less extent a failure, because of their non-enforcement. There is another feature connected with the leprous colonies of these islands which is objectionable, and that is the marriage of lepers. In the leprous colony on the island of Molokai there are forty children of leprous parents, none of them showing any signs of the disease, and there is where the danger exists, for it is a well-known fact that leprosy will lie dormant for years, as the following case will illustrate:

A half-caste Hawaiian woman married three foreigners in succession, each husband in turn being stricken with leprosy. She was examined after the death of each husband and pronounced sound and well, no symptoms being present, and she was allowed to go free. She was suddenly taken with a most malignant attack and died.

So it is liable to act in the cases of these children, even after they have lived free from this disease for years, and it may at any moment develop, but not without first having exposed an entire community. As we stated, the peculiar and irregular manifestations of this disease make the etiology of it very difficult, if not impossible, to determine.

Many theories have been advanced to account for the presence of leprosy in so many different localities, and under such

varying conditions of climate and modes of life. Habitual consumption of improper food, such as salt fish, has been suggested, but to offset this the disease is found endemic in localities where fish is never eaten. Heredity has been looked upon as an important element in the perpetuation of the disease, and many cases are recorded where the disease has developed in the same family for generations. The symptoms in these cases rarely, if ever, appear at birth, but generally about the fifteenth or twentieth year. And again, many cases are known where children have been born of leprous parents and remain free from the disease all their lives. It is quite probable that in the case of a leprous mother there is an actual transmission of the bacilla or the products from the blood of the mother to that of the fetus. We know this is the case in small-pox, anthrax, relapsing and typhoid fever.

We know that leprosy can be and is spread by personal contact. As evidence of the truth of this statement, witness the rapidity with which it spreads when unrestricted, as in the case of the island of Trinidad. In 1805 there were three lepers, in 1878 these had increased to eight hundred and sixty.

As to the preventive treatment, like the etiology, there is a vast fund of information to be acquired before anything satisfactory in that line can be done. Many remedies have been tried, and, in some cases, a cure has apparently been effected, but in most instances it has proven only a case of arrested progress of the disease.

So far, the only preventive measure is that of segregation or colonization, which we think should be carried out strictly, even to individual isolation of the patient.

Only in this way has the disease ever been suppressed, and it has been demonstrated that in this way it *can be* eradicated from a community or country. Centuries have passed since the fearful wall of suffering filled the ear and wrung the heart of the Man of Sorrows, and as He turns and speaks the sympathetic and life-giving words, "Be thou clean," we are brought face to face with the first authenticated case in which a cure was effected; and from that date to the pres-

ent no man has had that power, either divine or mortal, to stay the progress of this fell disease. Although scientific research has been awakened, and a comprehensive study is being made of it, as yet little positive knowledge has been gained.

Throw physic to the winds,
I'll none of it.

—SHAKESPEARE.

Diseases of the Second Year of Childhood.—In performing the professional duties which are placed upon every physician, I know of none that I approach with a greater sense of responsibility, or more apprehension of the final results, than the treatment of those diseases incident to the second summer of childhood; and particularly is this true of bottle-fed children. If a mother is so unfortunate as to be from any cause incapacitated from nursing her child, the physician is confronted with the numerous dangers which are a menace to the little bundle of helplessness.

And fortunate, indeed, are the mother and physician, if they, by the most earnest efforts, find a substitute for the natural nourishment of which the child is deprived, without some serious damage being first done to the digestive mechanism, and a consequent entailment of a long period of suffering being brought about as a result. It is estimated that seventy per cent of the deaths from all causes in children under two years of age are due to some abdominal disease arising from defective or faulty nutrition. Of the predisposing causes of these diseases, perhaps the ones that most often enter into the list are injudicious food and feeding. More especially is this true of the summer months, for it is then the physician is most frequently called to prescribe for these troubles, and as a careful and intelligent physician he is brought to face the question of what food shall be given the patient, and how much. We, of course, have children of different classes and environments, Some with syphilitic or tubercular diathesis, some suffering from improper food and many children in the cities' crowded tenement houses suffering from excessive heat and the lack of fresh air.

It becomes the duty of the physician, conscious as he is of the many dangers which beset these small voyagers on life's stormy sea, to guide their frail barks to the haven of health and maturity.

In the study of the etiology of diseases which affect the alimentary tract of children during the first two years of life, numerous causes are to be considered. In the first place, we have the human organism in its most susceptible period, that of growth and development, when it is most liable to be affected by any slight cause of irritation or inflammation. The vital powers, too, are then more liable to show the effects of any poison germinated in the intestinal tract from indigestion or malassimilation.

Deranged dentition, no doubt, has its share in the aggregation of such intestinal troubles as may be present at the time, and may even be the indirect cause of such troubles; but the following conditions, in my opinion, should be charged as principals, while dentition can only be held as an accessory in the indictment. Considering them in their order of importance as to the production of these troubles, I would name them as follows:

- 1st. Improper food and feeding.
- 2d. Impure air and water.
- 3d. Excessive heat or cold, that is, sudden changes.
- 4th. Dentition.

Improper Feeding.—Improper feeding is, in my opinion, the greatest factor in the production of these ills. Mothers who have correct ideas of feeding children are almost an "unknown quantity." Many remind me of our grandmothers who when they wanted to provide a particularly fat Christmas turkey, literally stuffed the poor bird after it could eat no more. They thought, as some mothers seem to think, the more food, the more fat, and not being up-to-date in their knowledge of the physiological action of the turkey's stomach, they are not condemned, for they acted according to their light.

But not so with the mother who, every time the child cries, proceeds to stuff the poor little innocent, who can only defend itself by its cries, and unless mother nature, more kind and intelligent, comes to the rescue and emesis is produced, and

the surplus over and above that which can be assimilated is thrown off, the child pays the heavy penalty in disease.

When the child is teething, especially in warm weather, and it becomes fretful and cries, instead of feeding it every time, take a nice clean cloth and moisten it in nice cool water, and let it moisten and cool its fevered gums by nursing it. In this way, overloading the stomach is prevented.

The overloaded stomach of the child is the source of auto-infection, from the decomposition of the excess of food over and above that which is digested and assimilated.

On the other hand, many children suffer from insufficient food, either in quantity or quality, and in either case we find a similar condition to that of emaciation and general weakening of the entire system.

With the vitality at the minimum, the resisting powers are almost nil, and, with perverted cell formation, together with the deteriorating process which is in progress, we have almost a hopeless struggle before us if we try to save the little patient.

Impure Air and Water.—Impure air and water with unsanitary environments exert a great influence in the production of gastro-intestinal troubles, and should be carefully looked after in the treatment of such cases.

The most convenient way to get pure water for the patient is to boil and cool the water and place it in sterilized vessels. This is too often neglected by the physician, and is as important as any part of the medical treatment.

To a child suffering from troubles of this nature, water is as essential as air to its existence. The day has passed when water is refused to the parched and fevered patient, under the mistaken idea that it is dangerous.

So a liberal use of water is the best treatment. It flushes out the entire system, and supplies the moisture absolutely necessary to life. Injected into the bowel with some mild antiseptic, it cleanses it of all disease-producing matter which may have been retained and, at the same time, reduces the fevered condition which is constantly draining the system

of its fluids, and relieves the straining that is caused by the irritation. It is soothing to the inflamed surfaces and promotes tonicity and repair of the nervous system.

Become almost a water fiend in these troubles, and see that the little patient has at least one tepid bath every day, and more if very feverish. It acts almost as a tonic, and promotes healthy activity of the skin, and all the emunctories of the body, which is very essential in the elimination of the impurities retained.

In order to be more perfectly understood, in regard to the feeding and care of food and the utensils in which the food is contained, I will enter more into the details of the subject, for, in a paper of this kind, while it may seem unnecessary, my experience has been that there is either woeful ignorance or negligence among physicians and laity on this subject.

Babies that are hand-fed should be carefully watched to determine if the food is agreeing with them.

They should be weighed at least once a week. There should be a continual increase in weight and strength if the child is doing well, but if the baby insists on taking large quantities of food and cries to be fed frequently, when there is great distension of the abdomen and little or no increase in weight, something is wrong with the food and it should be corrected at once. Next to the milk of a healthy woman, that of a healthy cow is the best suited for the delicate digestive apparatus of the child. It may be diluted, and a small per cent of sugar of milk added, as the judgment of the physician dictates. If, after careful trial, no milk can be found that will agree, oatmeal gruel, or something of that nature, may be found beneficial in some cases.

(To be continued.)

[Written for the MEDICAL BRIEF.]

The Drink Habit.

BY C. W. HIDDEN, M. D.,
Newburyport, Mass.

It is five years since I announced, through the columns of the BRIEF, my discovery of a remedy for the cure of the drink habit. During this period I have

had an opportunity to study inebriety at close range, having treated over four hundred men and women with only seven failures.

It may interest the readers of the BRIEF to learn that one family, in return for saving a beloved member from a drunkard's grave, have promised me, as a gift, money enough to buy a piece of property, to be used as a sanatorium for the treatment of the drink habit. When this has been given into my hands, it is my intention to lay all other cares aside, and devote the remainder of my life to the medical upliftment of fallen humanity.

The way men learn to drink, how the drink habit obtains control, the right treatment of this curse of our modern life—these things ought to be better understood by physicians.

Men are led to take the first glass in various ways: Slipping wine at receptions, in social gatherings, at public functions, at the bar in response to an invitation from a friend or chance acquaintance. The influence of liquor is remarkably deceptive. The first sensation is one of exhilaration, of exaltation. There is no premonition of danger. On the contrary, the drinker forgets his troubles, rises superior to the little things of life, feels like a millionaire. It is not strange that he repeats this experience again and again. Slowly, yet surely, the drink appetite is made manifest. The man drifts from the safe anchorage of family and friends, sinks lower and lower in the social scale, becomes a confirmed inebriate, drunkard, outcast.

To save a drinking man is more difficult than most people imagine. Blinded by drink, the poor fellow has no real conception of the danger that threatens him. Even when sober, it is hard work to make an impression on his mind. Men hesitate to admit themselves weaklings, to confess their inability to control the desire for liquor, hence the ever-ready declaration that they can drink or let it alone. But the plain fact is that few men are able to put liquor aside permanently without medical help. To cure inebriates, we must assume the initiative, must watch them closely during the first weeks of treatment. But once the medicine begins to take effect, the period of watchfulness

is over. The man clings to the medicine as a savior, the drink appetite is overcome, he is saved to family, to country, to God.

Only those who have to deal with this evil realize the power of the drink appetite. The drink crave becomes so all-powerful that not one man in a thousand is able to let liquor alone on his own account. It is one thing to applaud a drunkard when he pledges himself to reform, quite another for him to fulfill his pledge.

While the excitement is on he does very well, but the devil in the glass knows his man, recognizes his weakness, bides his time. When the reaction comes, when the throat is dry and husky, when arteries and veins seem on fire, when the brain is muddled, the nerves fly to pieces, and every fiber of being cries aloud for "drink, drink, drink," then resolutions count for naught.

This picture is not overdrawn; it is sadly true to the life. Then why not look this matter squarely in the face, and recognize the wisdom of medical treatment for the drink habit? The drinking man is a victim of alcoholism, and alcoholism has been recognized as a disease for hundreds of years. Unless the man is cared for, the desire conquered, the system made free from alcoholic taint, he is certain to go straight to ruin.

The remedy that I employ is a combination of cinchona rubra, strychnia nitras, capsicum annuum, and avena sativa.

This destroys the craving for liquor, and starts the patient on the road to health, strength and moral control. Only the once intemperate can appreciate what it means to lose that awful, consuming thirst for strong drink. One of my recent patients expresses it in this odd, yet comprehensive way:

"On my first visit to Boston I found, to my surprise, that I had no desire to visit a bar room. I remembered, of course, how many times I had filled up in such places, and how tempting they had always been to me before, but this time the medicine was too much for the bar. I felt much as an epicure would feel after a feast to be offered a piece of mince pie—no room for it, no desire for it. Your medicine so filled and satisfied me that I did not care for drink, and, what is more,

the sight of so much drinking was repugnant to me."

My discovery removes the appetite for liquor, restores the system to normal or healthy tone. No man in health craves strong drink. I bend every energy, utilize every means at command, to restore the drink patient to health, to make him sound in body, brain and mind. When this has been accomplished, the reign of old king alcohol is at an end.

The primary sensation on taking the medicine is one of delicious warmth, which extends to all parts of the body. Patients frequently say, "The first dose made me thrill and glow from the crown of my head to the tips of my toes." This is not to be wondered at when we recall the condition of the patient prior to beginning treatment: stomach irritable, nerves out of tune, brain in a jangle, vital powers depressed, a weak, trembling, physical wreck. It is well worth while to reverse all this: To suffuse the body with warmth and power, to find the nerves steadying down, the brain clearing, the stomach able to retain food, an awakening sense of manhood and of growing control over a debased appetite.

It is like a glimpse of a new world. Things take on a natural look. Ambition is fired, resolution quickened. The man determines to work back to a recognized place in his own class. He looks upon the saloon as his enemy, regards old cronies as a source of possible danger, strikes out on new lines, lines that point the way to respectability, to honorable position in society, to the old, safe path to heaven that father and mother trod.

One of the very noticeable effects is the restoration of the appetite for food. Liquor, as a rule, upsets the stomach first of all. After awhile, appetite goes back on the drinking man, and this is usually the beginning of the end. To cure the inebriate it is of the utmost importance to heal the stomach, to restore the function of digestion, and to insure the assimilation of food. This is my first step, and as an aid the remedy works like a charm.

The patient begins to "eat like a horse." He is hungry all the time, and, best of all, food agrees with him, nourishes and invigorates the system. This, coupled with suitable bathing and judicious exercise,

soon transforms him into an individual thrilling with health and conscious might.

The next surprise, and a blessed one at that, is the sweet, refreshing sleep that follows. Instead of dreams filled with drink, wretchedness and terror, he sleeps as peacefully as a child, and when he dreams again it is a dream filled to the brim with happiness, a dream that creates a determination to blot out the past, to achieve success, to be all that wife, children and friends have lived and hoped for.

[Written for the MEDICAL BRIEF.]

Pernicious Uses of Wood Alcohol.

BY LEON L. WATTERS, A. M., PH. D.,

New York City.

The wide publicity which is being given to the dangers of wood alcohol is truly gratifying to those of the profession who have early had cause to learn by sad experiences the toxic nature of this article; and inasmuch as it is well known to chemists that wood alcohol has been, and is to-day, being employed as an ingredient of various substances of common consumption, in a manner that is entirely unjustified in the face of indisputable evidence of its harmfulness, it would seem desirable to acquaint physicians with the sources from which trouble might be expected.

At the outset, let me say that in view of the overwhelming testimony of careful experimenters, there no longer exists the slightest reason for doubting the toxicity of wood alcohol, however pure it may be. When, a number of years ago, as a result of the increased activity in the industries involving the dry distillation of wood, this product was brought forward as a substitute for grain alcohol, it was hailed with delight, for by substituting the one for the other a saving often aggregating as much as three-fourths of the cost of the finished product was effected. The change was easily made, for wood alcohol greatly resembles grain alcohol in outward physical properties, and has an equal, and, in some cases, a superior solvent property.

Its first (and legitimate) use was as a solvent for various gums and resins in

preparing varnishes. Gradually it supplanted grain spirits in most industrial operations. Then followed the unfortunate discovery by ignorant or unscrupulous persons that it could be easily substituted for grain alcohol in preparations intended for human consumption; and they were not slow to adopt the idea without investigation as to probable consequences, and with a disregard for what might follow, which was little short of criminal. It has cost high in lives and health to turn the tide of this ill-advised venture, and now that the true facts are known, it is not improbable that many deaths in the past might be traced to its use.

A number of years ago, in one of the city hospitals on Blackwell's Island, in New York, two convalescent painters were put to work varnishing woodenwork about the hospital, as was the custom in those days. They had both been hard drinkers, and, being deprived of whisky while undergoing treatment, were unable to satisfy their craving. On the evening of that particular day, both men were found lying unconscious, and remained so until they died.

This was the writer's first knowledge of the deadly effects of methylated spirits. Not much was known in regard to the poisonous nature of wood alcohol at the time, and few deaths ascribed to it were recorded. However, the above cases gave rise to an investigation, in which it was shown that the two painters had poured water into the varnish to precipitate the shellac, and had then drank the spirit from the top. The solvent was found to be methyl- or wood-alcohol.

Some time later, an interne in the alcoholic ward at Bellevue had observed that the actions of patients who had apparently imbibed whisky among the low resorts on the East side were very different from the better class of inebriates. There seemed to be a common affection of the optic nerve. The writer was asked to look into the matter, and preparations were made to analyze samples of cheap whiskies, such as are dispensed in the slums of the city, when four sudden deaths were reported among people living within a small area in that very district. Investigation showed that they had

all partaken freely of whisky the night before, and chemical analysis showed samples of whisky bought from saloons in the neighborhood to contain alarming proportions of wood alcohol. This last occurrence more than any other started a crusade against the employment of wood alcohol in products intended for internal use, which it is hoped will not be allowed to abate until manufacturers and others shall be thoroughly impressed with the dangers that attend its employment.

Further investigation by chemists in various parts of the country has developed the startling fact that the pernicious employment of this substance is greater than one was led to expect, and to what extent it may be employed by persons unfamiliar with its properties is a conjecture fraught with grave dangers. Only lately it has been shown to be the basis of some toilet waters, and of numerous other articles of a similar nature. Analysis has shown that much of the witch hazel sold at a low price contains wood alcohol, and inasmuch as this preparation is often given internally, this practice should be stopped. Still more startling was the discovery that wood alcohol was being used as the basis of many of the cheaper flavoring extracts, particularly in essence of Jamaica ginger. That it has supplanted grain alcohol in most liniments is well-known. Chemists who have investigated its occurrence in whisky are of the opinion that the cases brought to light in New York were probably sporadic, and there seems little likelihood that the practice of thus adulterating whisky is general.

Investigations have been carried far enough to prove that the unwarranted use of wood alcohol is far more widespread than we had cause to suspect, and it behooves physicians to let pass no occasion to impress upon the public the dangers which accompany its use. The claims of interested parties that pure wood alcohol is not poisonous is not worthy of a moment's consideration. It has been repeatedly shown by the most careful experiments that chemically pure methyl alcohol, made synthetically in the laboratory, exerts even a greater toxic effect than the

wood alcohol of commerce. Hence, it is not the impurities, such as acetone, that lead to trouble; it is the inherent property of the methyl alcohol itself.

142 West Ninety-Fourth Street.

[Written for the MEDICAL BRIEF.]

Therapeutic Suggestion: What Is It?

BY HERBERT A. PARKYN, M. D., C. M.,
Chicago, Ill.

The term suggestion is being used with a broader and broader meaning every day. Briefly, a suggestion may be said to be any impression which is consciously or unconsciously received through any of the senses.

A few moments' reflection on the above definition reveals the fact that one's whole education is created by suggestion, and that the effect of every suggestion is influenced entirely by those which have preceded it.

A therapeutic suggestion is a suggestion of such a nature, that when conveyed to an individual through one of his senses, it arouses in his mind a chain of thought which will assist him to overcome unhealthy mental or physical conditions.

To the student of suggestion, the reason for the success or failure of any mode of treatment in a given case becomes very plain if he understands the individuality and suggestibility of the sufferer.

The force which enables a man to walk a mile is stored within himself, and the time expended in traveling that mile will depend on his mental condition. All the thrashing, abuse, drink and medicine in the world will not take him one step on his journey until his mind is in the right direction. Even then, the rate at which he would cover the distance would depend upon the nature of the suggestion which made him decide to move. For instance, if his mission should be an unpleasant one and the day hot, he would likely go slowly, the journey would seem long and he would tire. On the other

hand, if his mission were pleasant and he had bright companionship, he would likely walk at a moderate speed, without consciousness of effort or time. If he should receive notice that a mile away some one very dear to him was injured and likely to die before he reached the spot, it is altogether likely that he would run there at top speed. The rate, therefore, at which a man spends his strength and the manner in which he expends it, is dependent upon suggestion.

The healing of all the physical ailments to which man is heir, is accomplished through the blood, which heals every wound, and the rapidity with which healing takes place depends upon the amount and quality of the blood supply to the affected part.

An ulcer may remain unhealed for years if the circulation in its vicinity is poor, or if the patient is suffering from general debility. Such troubles as constipation, dyspepsia, dysmenorrhea, headaches, kidney diseases, catarrh, congestions of all sorts, neuralgias, rheumatism, etc., *ad nauseum*, are produced by troubles of the circulation. The blood supply to an organ or part may be insufficient, impure or obstructed, and these troubles of the circulation are brought about by the failure of some organ to perform its functions.

Blood is the healing medium and is within man. The organ which propels the blood, the heart, is within man. The force which keeps the heart in action is generated within man and is dependent upon the quantity and quality of his blood. The quantity and quality of the blood depend upon the air taken into the lungs and the food digested and assimilated by the stomach and bowels. The quantity and quality of the food supplied to the stomach depend upon the selection by the individual and his selection should be made from knowledge. Knowledge is a product of suggestion.

Anything which will interfere with a man's necessary supply of food, or with his digestion and assimilation of food, will prevent the production of vital force and interfere with his health, or if he be sick, will prevent or retard his recovery.

The brain is the dominant organ of the body. Every muscle, nerve and organ is directly influenced by it and the mind.

Up to the present time, our physicians have studied the anatomy and physiology of the brain, but they have sadly neglected the study of its functions. The chief and greatest function of the brain is to receive, associate and store away all impressions when necessary. The brain, in fact, is the guardian and at the same time the servant of the mind; for although thoughts are formed by associated suggestions, still they are dependent upon the brain for their retention, and are unable to take form in expression without the assistance of the brain and nervous system.

Through the mind the function of every organ of the body may be assisted or retarded, and it is through unconscious action of the mind upon the body that so many diseases are produced and so many are cured. I am now speaking, not of troubles which are imaginary, or troubles, the symptoms of which are confined to mental phenomena, but I refer to diseases which every physician is daily called upon to treat, and for which he generally prescribes.

How often we have heard physicians remark, when told of the effects of suggestion upon a certain complaint, "Oh, that is very well for the imaginary complaints of weak people. Christian Science or anything else of that sort would have produced the same results; but, of what use would suggestion be in a case of anemia, for instance?"

Answer: "Yes, my friend; mental treatment will cure the imaginary complaints of a patient (and there are thousands of them), provided he obtains the proper mental stimulus, *i. e.*, provided the suggestions he receives change his line of undesirable thought. Doctor, if the trouble is solely in the mind, why do you treat such a patient for months through the stomach? Why do you treat such a patient for months with medicines before you hand him over to the mental healers to have them demonstrate to you that the trouble you treated for months was an imaginary one? A study of psychology and suggestion will enable

you, when a patient first consults you, to ascertain the part imagination plays in his complaint. Imaginary or not, however, it is real to him, and to have it removed he pays you money, which, by the way, is not imaginary (even the Christian Scientist will reluctantly concede this point). You know how to move the bowels of your patient, why should you not know how to move or influence his thoughts?"

Doctor: "That is very true, but how is suggestion, alone, going to cure the anemic patient? Will suggestion put iron into a patient's blood, or make new blood corpuscles?"

Answer: "My dear friend, now take yourself for example. You are unquestionably in perfect health; evidently you have plenty of iron and red corpuscles in your blood."

Doctor: "Certainly."

Answer: "Well, I suppose that you are aware of the fact that you are constantly replenishing these necessary constituents of your own circulation, and that you obtain the necessary supply from the ordinary food you eat and digest? Since the blood depends upon the stomach and bowels, do you not think the quickest and best method to adopt to cure your anemic patient would be one which would encourage digestion and assimilation of good food?"

Doctor: "But, supposing the stomach will not retain food long enough to digest it, what then?"

Answer: "Well, then, you have a splendid opportunity to use suggestion, for it will work like magic upon that weak stomach, and the food will be retained long enough to be digested. The appetite, also, may be stimulated, and the amount of food gradually increased, when, if the patient's mind is not interfering with his digestion, or his appetite, he will pick up rapidly in vital force, and with the improvement in the circulation, all the symptoms, which generally accompany anemia, as well as the trouble itself, will disappear. I mean such symptoms as dysmenorrhea, for which, as a rule, you have seldom been able to do anything satisfactory; constipation, for which you generally give purgatives (thereby de-

pleting the patient still more); headaches, which are neuralgic, and due to the lack of blood supply to the head, for which you generally give sedative or anodynes (thereby lessening the already lowered vitality of the patient). For weak eyes, which are simply another evidence of a generally weakened condition, you send your patient to an oculist, who makes another 'double window martyr.'"

Doctor: "Granted that you have built up such a patient, what guarantee will she have that her old trouble will not return? You have cured her by faith, and faith is a poor thing to depend on for health."

Answer: "Yes, faith is very poor support, I admit, and the weak point in the armor of every system of healing, which does not embrace a thorough knowledge of psychology, and the effects of suggestion, lies in the fact that the permanency of the cures is dependent upon faith. Let us take your anemic patient with the weak stomach, for example. Such a patient may be cured by any method of treatment which manages to quiet the stomach sufficiently to retain food. This quieting condition would result from any method of treatment which made a strong enough impression upon the mind to bring about the same mental condition that I mentioned could be brought about, in every instance, by simple suggestion when intelligently used. It makes no difference who settles the stomach, whether an allopath or homeopath with medicines; an osteopath, who finds a pressure on the pneumogastric nerve to be relieved; or a magnetist, who finds the vital forces off their equilibrium; or the Christian scientist, with his one mind theory, etc.; the fact still remains that the patient's expectant attention would be aroused, and that in every instance he would be verbally assured that the treatment or medicines would quiet the stomach. In fact, the force which all these systems of treatment would endeavor to bring into service, in such a case, would be suggestion, and the method which would bring it most forcibly to the mind of the patient would be the one to relieve him.

(To be continued.)

[Written for the MEDICAL BRIEF.]

In Old Roseau—An Idyl of the Caribbean.

BY WILLIAM S. BIRGE, M. D.,
Provincetown, Mass.

(Continued from page 338.)

Privateering and smuggling had failed, so now he commenced honest trade. He went to St. Domingo with a cargo of corn, sold it well, and lived on the island. But his star grew fainter and fainter. He quarrelled with two black general officers, challenged them, and shot them both severely. Christopher sent for him, and told him that if the men recovered it were well, but if either of them died he would hang him on the tamarind tree before his own door.

Audain thought the men would die, and escaped from the tamarind tree by night in an open boat. He now settled in St. Eustatius, put on his black coat again, and recommenced life a clergyman. St. Eustatius was a free port, yet the division of labor had made surprisingly slow advance in it. There were many religions but few priests in the island when Audain made his appearance there. He had become liberal-minded by misfortune, and was always actuated by a faith of such immense catholicity that it comprehended within its creed every radiation of opinion from the center of Christianity, as the fellow embraces the spokes of a wheel.

Audain offered to administer to all the sects respectively, which offer the free-traders thankfully accepted. In the morning he celebrated mass in French; in the forenoon read the liturgy of the Church of England; in the afternoon sprinkled the Dutch service, and at nightfall chanted to the Methodists.

Audain seemed to be again gaining wealth and fame. He was a married man, but his wife resided in England. A Dutch widow—rich, pious and large—cast a widow's eye on Audain. The rigor of Creole viduity softened under the afternoon spraeckenings of Audain as Dutch butter melts under the kisses of Titian. She told Audain that if Heaven had made her such a man she would have married twice. The hint was broad as herself,

but Audain liked it the better for its dimensions, and married her on the spot, reading the service himself.

Audain fought thirteen duels, and was a good boxer. He lived to a ripe old age, and wholly reformed his manners. He loved his Dutch wife, and said his prayers so loud as to disturb his neighbors. His English wife sent him a Christmas box annually. He was a man of infinite talent, and had seen the world. If he had written a life of himself, it would have been the most entertaining book of the age, but like many others whose life has been full of romance, he sank into oblivion which he did not seem to deserve.

A visit to the market place early in the morning, particularly on Saturday, will be interesting, and at the same time show us what the Dominicans live upon. A better market it would be hard to find, and a cheaper one impossible; excellent beef, goat, pork, mutton and fowl can be purchased for from eight to ten cents a pound. Fish of various kinds and delicious flavor, from four to seven cents. All varieties of tropical fruit in abundance, at fabulously low prices. Several times on visiting the market we noticed some peculiar animals, resembling lizards in appearance, being about two feet in length, and covered all over with brown warts. They were vicious-looking things, and showed their disposition by snapping at every one who passed near them. We were told that they were iguanas, and were considered a great delicacy. The flesh is white, and is said to resemble the chicken in flavor, but is more delicate.

The market is almost wholly controlled by women, and one will find them of all shades, from the blackest of the black to a light olive tint. They go bare-footed, and their only clothing consists of a dress, a single undergarment, and a bright bandanna handkerchief tied around the head in a manner peculiar to themselves. Their dress is always made with a long train, which is generally looped up and held in place by a cord tied around the loins. They present a very picturesque appearance, and are certainly very noisy, each calling out her wares at the top of her voice, and naming the price, some speaking English, and others the native patois, which to a stranger is

perfectly unintelligible, even though he understands the French language. A few of the market women occupy stands covered over with rough boards, but the large majority are content to squat on the rough stone pavement, their baskets by their side. A little apart from the market proper, in a group by themselves, are the charcoal venders, who always have a good trade, for charcoal is the only fuel used in these islands.

The women of Dominica are not so pretty as their sisters in the neighboring island of Martinique. They are generally larger in figure, and coarser in feature, and have not the dainty feet and graceful gait of the French belles. They also lack that voluptuous languor which is so characteristic of a Martinique woman. The complexion is generally much darker, and they resemble more the native African type.

The boarding houses of Roseau are excellent, the table such as would suit the most fastidious.

To one who is fond of quiet, likes to live well, enjoys out-of-door life, and loves to commune with Nature, we would say, go to Dominica. There in that tropical isle of the sea, all is quietness, all is rest. Far from all the tumults and cares of city life, he can truly say that he stands in the midst of a paradise, and has veritably left the world behind him.

[Written for the MEDICAL BRIEF.]

Liquor Ferri Persulphatis.

BY EPHRAIM CUTTER, M. D.,
New York City.

On page 912, MEDICAL BRIEF, October, 1904, Dr. F. A. Wilmans tells how a case of foulest dry gangrene was healed in eight days by the liq. ferri persulph. U. S. P., and he asks for like experiences. Much pleased with his report and deeming it one of the highest privileges of the MEDICAL BRIEF to collect, as in a contribution box, facts asked for from over forty thousand physicians, let me answer that some years ago I was called to a lady in the last stages of a disease that was not made out previously, and that I was put to my mettle to solve the problem. After going over the microscopic and macro-

scopic and rational physical signs of disease the diagnosis was cancer of the pancreas. Never having seen a case of it the diagnosis seemed doubtful until it was confirmed by an autopsy. Perhaps the exceeding interest of this case may explain the absent-mindedness to a slight punctural wound on my left forefinger at said autopsy. But it soon attracted attention by pain, swelling, glowing redness extending over the whole finger nearly and not yielding to the applications of the ethereal tincture of iodoform, a remedy I brought from Europe in 1862, and which I had found valuable for hand punctures and abrasions. But the finger grew worse, and the idea came to me to try the liquor ferri persulphatis put on clear. It was done. Almost at once the pain was relieved, the swelling went down, the color improved; in brief, the finger got well in a short time and does good service now. I suppose it was a blood poisoning from a dissection wound and that I ought to be thankful for escaping with my life.

The styptic use of this preparation is only one of its valuable applications.

In 1871 I visited California and calling on my medical classmate, G. L. Simmons, M. D., of Sacramento, Cal., an honor to his profession, with whom I did some studying in our pupillage. He called my attention to his use (original with him) of the liq. ferri persulphatis, U. S. P., as a topical application to the throat and nares. About one drachm to one ounce glycerine he applied by a sponge, probing not only to the pharynx, but through the nostrils to the superior pharyngeal space. Also a gargle one drachm to sixteen ounces of water. I profited much from this information and found it very useful as he directed, and more so, as by it an adenoid growth on the cervical vertebra of the superior pharynx was entirely removed, and with it the inability to do sums in arithmetic at the age of twenty-three years. Since then the patient has held his own in his commercial business with a clear head.

Note.—The action here was not styptic, but tonically astringent, emptying the dilated capillaries and stimulating them to normal action.

To make the subject more complete I have asked Dr. Simmons to favor the

MEDICAL BRIEF with his experience as to the persulphate of iron.

As to the rationale, it has always seemed to me that the excess of sulphuric acid had something to do with its value. Taking my cue from the dentists, I once cured a case of necrosis of the alveolar process by the aromatic sulphuric acid, U. S. P. It acted beautifully on the live tissues and the dead. Gave relief and made possible an easy removal of the necrosis in a comparatively short time. In ingrowing toenail I have found this preparation reliable where the nail convexity was scraped to thinness.

I am quite aware that I am writing on a back-number medicine. It is not in the dose table of P. Blakiston & Sons, 1904 Physicians' Visiting List. Nevertheless, I am grateful to Drs. Wilmans and Callender for their report, and can not but speak well of the bridge that has carried me over a railroad of destruction by sepsis.

[Written for the MEDICAL BRIEF.]

Medical Reorganization.

BY W. A. FANKBONER, M. D.,
Marion, Ind.

Medical organization has for its basis sociability and exchange of ideas. This is commendable, but conditions of membership have been exclusive. There was a time when "allopathic," "homeopathic," etc., meant more than they do now, and many "pathies" have appeared since these were in their virginity. All of these embody some elements of good, and it is not for any single body of medical men to say which shall come to St. Peter and which shall go the other way.

The present tendency is to recognize the good as it develops into condition of stability, and to give encouragement to conscientious and capable men, even though their armamentarium may be different from "ours." The broad-minded physician aims at the cure of the patient always, and is willing to use whatever will best secure that result, be it in his own category of helps or otherwise.

This reorganization will in time tend to unify medical endeavor, and "pathies" will in that degree disappear, much to the benefit of both physician and patient.

[Written for the MEDICAL BRIEF.]

The Undulatory Theory in Therapeutics.

BY SAMUEL S. WALLIAN, A. M., M. D.,
New York.

The later revelations of science have made necessary a sweeping revision of our conceptions of the nature of matter, and of the life principle.

Succinctly stated, life and matter are both conditions. The first we call immaterial, yet both are modalities or manifestations of vibratory impulse.

Just as color depends on the velocity of light undulations, each particular form of matter has its individual and distinctive vibratory rate and rhythm. This rate or velocity determines the form or condition in which matter becomes visible, whether solid, liquid, or aeriform, whether granite or gold, gas, or gossamer.

Given a handful of dust, itself a resultant of vibratory motion, an electric thrill: result, a cell. A second thrill eventuates in cell propagation, proliferation by spontaneous fission. The single cell becomes two, four, sixty-four, a million, a thousand million. But for antagonistic and counteracting influences, a single cell would soon people the earth, and overwhelm the solar system.

This is geometric progression, evolution, creation.

The cell advances and changes its character and destiny with each change of vibratory velocity. The ameba is displaced by the mollusk, the mollusk by a megasoma, a mammal, a monkey—a man. Each change and gradation is not a transformation, as mollusk into mammal, or monkey into man, but an evidence of a variation in vibratory velocity.

A certain rate begets a *vermis*, another and higher rate produces a *viper*, a *vertebrate*, a *vestryman*.

This obviates the necessity for a mythical "missing link."

Life is propagated, promoted, and maintained by the same influence, vibration. Each animal organism is a nucleus or aggregation representing the visible or materialized results of concentrated and reiterated vibratory impulse. We live because every molecule—now called cor-

puscle—of matter entering into the composition of our bodies maintains its individual existence, through unapparent but infinitely rapid and incessant vibrations.

A study of vibration, mechanically imitated, with a view to its therapeutic applicability and capabilities, is, therefore, quite legitimate, and decidedly promising. It is not new, but these recent revelations in science have given it fresh interest, and a new impulse, since they establish the fact that vibration and creative energy are practically synonymous terms. The universe itself is but a realm of associated and vibrant nuclei.

When organized strictures or individual organisms encounter a force counter to their own molecular rhythm, and powerful enough to temporarily interrupt their incessant motion, we call the interruption disease. When this antagonistic force persists and prevails, the stoppage is called death.

The sway of this force is all-pervading and universal. Remedial agencies of whatever kind can not be disassociated from it, and the more nearly they are arranged *en rapport* with its simple laws, the more prompt and satisfactory the results. Recuperative effort is essentially an effort to restore undulatory or vibratory equilibrium. That mechanical vibration can be made a valuable—perhaps indispensable—aid to other methods, in combating diseased conditions, is not a far-fetched inference. It is not a question of plausibility, but of availability. To what extent artificial vibratory impulse and nerve stimulation can be made to supplement or even substitute vital, organic or normal vibrations remains to be demonstrated. Results already obtained, some of them by means of the crudest and most primitive appliances, warrant the prediction that mechanical or artificial vibration will prove the most valuable acquisition to the field of general medicine made during the past quarter of a century. As with all novel ideas much bungling is being done on the part of superficial investigators, many of them failing to distinguish between mechanical massage and mechanical vibration. The difference is radical and irreconcilable. Mechanical massage

may be made available for certain results, not necessarily all superficial, but it should never be confounded with mechanical vibration or vibratory impulse. Some careless writers on the subject continue to use the terms, as if synonymous—an inexcusable mistake. It is only too evident that those who speak of vibration as a form of massage have no conception of the nature and possibilities of the former.

Massage has been before the profession for some years, and has been developed into a very useful and respectable art. It has appropriated or coined several descriptive terms not used in any other connection, viz., *effleurage*, *pétrissage*, *tapotement*, etc. But while massage proper can be utilized to excite or induce vital vibrations, on the part of the subject, it is not in itself any form of vibration. To speak of the two in the same connection is to be guilty of a confusion of terms that should be carefully avoided.

Among other things, massage is made to take the place of proper and normal physical exercise. Muscles may be kneaded, pinched and squeezed into a more supple and responsive condition, the cutaneous circulation quickened or equalized, and the superficial lymphatics stimulated to greater activity. But the most expert masseur does not undertake to affect the deep-seated nerve trunks, the spinal ganglia, and only slightly and superficially the splanchnic and sympathetic systems of nerves, or the profounder glands and absorbents.

Mechanical vibration in its renescent form is but a few years old, is yet without a literature, and has before it a field to which massage can never aspire. Its distinguishing feature consists in its power to profoundly affect and control, stimulate or inhibit any organic function, gland or viscus, as well as the nerve and blood supply of any part of the organism, through its nerve control or trophic center.

Massage is applied at or near the seat of the pain or local disturbance, with a view to palliating or dispersing it. The vibrationist hunts out the nerve-control or trophic center radiating to the part, and either stimulates or inhibits it, according to the effect desired.

Massage has a definitely limited field, and has realized its limitations.

Mechanical vibration has before it an unlimited field, and is yet in its swaddling clothes.

But no superficial study or off-hand estimate of the subject is of any possible value, and those physicians who are willing to give it the painstaking investigation it requires in order to be understood, have much to learn that will genuinely astonish and encourage them, while it disabuses their minds of an almost inexcusable misconception.

It is to be hoped this brief prefatory effort will aid in eliminating the confusion in definitions, and in laying a foundation for some practical details.

509 Fifth Avenue.

[Written for the MEDICAL BRIEF.]

Medicinal Potency of Lemons.

BY ROBERT GRAY, M. D.,

Pichucalco, Chiapas, Mexico.

I have used strong, cold lemonade for forty years, in more than three thousand cases of typhoid fever, in Cuba, Central America and Mexico, and there is nothing else known to the profession so soothing to the consuming thirst of the parching internal fire of that dreadful scourge. Lemon juice is superlatively antiemetic, antiseptic and sudorific, a *germicide par excellence*. Lemon juice and chlorate of potash, in drinks and enemas, almost comprise my specific among the poor, unable to pay for scientific remedies. I usually open the battle with an emetic, fluid extract of ipecac and a flaxseed enema, containing enough ipecac to purge the bowels, followed by a round purge of podophyllin—the infallible expeller of intestinal parasites and cleaner of the nutritive tube—obviating cramps when the bowels are ready to move with a rousing enema, containing glycerine or castor oil. As a precaution I often give a few two-hour doses of aconite or veratrum viride, in early stages. I keep the threatened tract open with small doses of podophyllin, repeated every twenty-four hours, as long as necessary, and frequent flaxseed enemas, with chlorate of potash or lemon juice—this last once in twenty-four hours. I

administer a small dose of chlorate of potash every three hours, and give all the lemonade they may want. I apply abdominal flaxseed poultices, faced with powdered camphor, and fifteen to thirty drops of laudanum. When fever is intense in the brain I put sulphate ether or other frigorific to nape of neck in a bladder, as there is no ice here, using a safe hypnotic in delirium.

When seen early fever usually drops 2° to 3° C., in twenty-four hours, and touches normal a few hours every day, within two or three days, rarely passing 39° C. when it rises, and generally disappears in two weeks or less, with uneventful convalescence. But when it has run five to fifteen days—often the case here—I use antipyretics or salicylic acid to abate the fever, and when it will not come and stay under 40° C. I anticipate perforation, and give thirty to forty grains chloral hydrate in flaxseed enema, to remain an hour or more, forcibly when necessary, which almost always lowers temperature and affords some hours' refreshing sleep, if perforation has not previously and fatally developed. Chloral is a magic healer of ulcers, internal or external.

I almost always abort typhoid fever, on appearance of first symptoms, when attending a developed case, and disinfect my patient and their surroundings with chloride of lime and carbolic acid.

Some opponents of the lemon in disease say some persons are so saturated with some compound acid that lemon juice kills them quicker than strychnine; but such case has never fallen to my lot, and I have cured more than three thousand ordinary chills and fever with strong black coffee heavily spiked with lemon juice, for want of quinine, in time of revolutions or want of money in patients' hands to buy it, during my long and trying years of tropical practice.

I usually abort the grippe and prevent pneumonia with strong lemonade, made of whisky or cognac, hot as possible to drink, followed by carbonate of creosote, after the big sweat the lemonade provokes.

I begin in yellow fever with a round dose of castor oil in the juice of a big

lemon. If this does not stay down black vomit is inevitable.

Nothing else equals cold lemonade to quench thirst in labor pains.

Lemon juice kills germs of Asiatic cholera more effectively and quicker than any other antiseptic, even when much diluted in enemas.

But you can not use lemon with any form of mercury. Calomel is responsible for the serious accidents attributed to the use of lemon juice, if there really have been such, which respectable doctors affirm. I never use calomel in this wet, hot country. Better not use lemonade nearer than an hour before substances incompatible with acids, nor nearer than three hours of pure milk food, which I regard as solid food, ever prone to curd in weak stomachs. Citric acid is a poor substitute for pure lemon juice.

When in a red-hot epidemic or inhaling miasmatic fumes in every breath, I eat an orange or squeeze a lemon into a cup of black coffee before breakfast, and have lived forty years without ache or pain or a dose of medicine, other than fifteen drops tincture of iodine or one two-hundredths permanganate of potash in half glass of water, after great exposure to contagion in the night.

[Written for the MEDICAL BRIEF.]

Some Observations on Pneumonia.

BY J. W. BRYANT, M. D.,
Shamrock, Mo.

The season is not too far advanced yet to have a few cases of pneumonia, though I have always found my cases when the snow was blowing into drifts. I see no reason for a high death-rate in this malady, except in the infant and aged. In the youth, young adult and middle age (if uncomplicated) pneumonia runs such a rapid course that convalescence may set in by the seventh day. If you are fortunate enough to be called early in the attack, and the patient is suffering from pain in the lung, shortness of breath, and high fever, do not hesitate (if the patient is vigorous) to open a vein, and extract from fourteen to sixteen ounces of blood. Then apply a blister over affected lung. If the sick room is close and illy

ventilated, lower the upper window sash to permit the entrance of fresh air. If a hot fire is burning in the stove, take out a part of the fuel, and let the fire die down till the stove is just a little warm. The pneumonia patient is not going to object to the cool air. Keep his arms under cover. Do not permit him to exhaust himself by talking. Do not allow him to drink iced water.

Treat the symptoms as they arise. Watch the action of the heart. Just when the fever breaks, there will be an alteration of the heart action.

I treated two cases of pneumonia the past winter (one a man fifty-two years with his fourth attack, the other a man eighty-one years old, with his first attack) that when the fever broke, the pulse dropped down to sixty beats per minute.

The first case (fifty-two years old) suffered greatly with secondary pleurisy. Morphine soothed his pain and stimulated his heart. A medicated mud plaster was constantly applied to his side. This acted as an absorbent for the fluids of both lung and pleura. When glonoin comp. was administered, the heart would be stimulated to a beat of seventy-six to the minute; when the stimulant was withdrawn, the heart dropped down to sixty beats, but quite strong. The crisis occurred, in this case, on the eleventh day.

In the (eighty-one years) old gentleman's case, the crisis occurred on the sixth day. The pulse dropped down to sixty beats, and even lower than that, when there was much intermission.

In each of these cases I was satisfied to stimulate to a pulsation ranging from sixty to sixty-six, if it was strong and steady. Prostration was not so marked a feature in the case of the old gentleman as in the case of the middle-aged man, because his pneumonia was mild and uncomplicated. Still he is very, very slow to recuperate.

The iodide of lime acted as a cathartic in each of these cases, increasing into a diarrhea with the middle-aged man, but losing that power with the octogenarian.

A year ago last winter I treated a case of pneumonia in an infant four or five days old. The room it and its mother occupied was always hot when I entered. I insisted on them to keep a cooler room,

but without effect. The infant died in about two days. The hot room kills, and does it quickly.

Give the patient nourishment every two hours (if it is only a tablespoonful). I have never seen that alcoholic stimulation was of such vital importance as some claim it to be.

Right here I have an interesting fact to relate in relation to the administering of alcoholic stimulation. The patient had reached the crisis. I ordered whisky to be given, the patient being greatly prostrated. Upon my next visit, the nurse reported that patient had sinking spells at the time the whisky was given (but not every time), and upon being helped on to the chamber, at one time he had a spell.

It being time for nourishment to be given, I had them to give the whisky in my presence. The patient was taking the whisky, weakened with water from a teaspoon, had taken about three spoonfuls when he was taken with an attack of dyspnea, with the severity of an attack of asthma. Now, was the attack due to weakness, the administration of the whisky, or a concomitant of a thoracic disease? I discontinued the whisky, patient had no more dyspnea. After patient grew stronger, whisky was given again, with no bad effect.

[Written for the MEDICAL BRIEF.]

Our Frightful Infant Mortality Caused by Poverty, Disease and Ignorance.

BY GEO. H. TICHENOR, JR., M. D.,
New Orleans, La.

In the United States thirty-five per cent of children born never reach the age of five years.

Our government maintains an expensive bureau to combat the diseases of live stock, but not one cent is spent to protect children from disease. Other governments endeavor to do something for the physical welfare of its citizens. The British Government has an inter-departmental committee on physical deterioration, modeled somewhat after the French consultative committee of public health, which collects data and gives in-

structions concerning the physical condition of the population. It is to be hoped that some day we will become civilized enough to demand that a part of our taxes be spent for the benefit of the health of the country, and children will not be allowed to die by the thousands from insufficient and improper feeding, while filthy streets, over-crowded tenement houses, the spread of disease among school children from lack of medical supervision, and ignorance and incapacity of mothers, add their share to the total mortality.

If some of our friends who are fond of their own children, and so impressionable that they cry when they see a misfortune simulated on the stage, and are too penurious to spend a penny to rescue children who die merely from want of proper food and clothing, could be made to realize the fact that disease among the neighbors' children was just as great a menace to the happiness and welfare of his own children as the criminal to that of the community, he would waste no time in seeing that its ravages were promptly checked. Even from a commercial standpoint, the most selfish thinking man can not deny the fact that the country depends for its prosperity on the work done by its inhabitants, and every child sacrificed means a loss both to its parents and country, not only of money already spent on it, but also its future earning capacities.

Other countries realize these facts. Consumptive children are removed from the French, German, Italian and Dutch schools and placed in public sanitariums, where they are both treated and fed.

In 1900, the people who died of consumption in the United States numbered one hundred and ten thousand and fifty-nine more than were carried off in the same year by appendicitis, railway accidents, diphtheria, grip, cancer, and typhoid combined. What attempt has been made to stop its spread among school children?

Statistics prove that mortality has been lessened by proper sanitary precautions. With the exception of Sweden, Norway and Denmark, the English have lowered their death rate lower than any European country. The mortality of children under

one year of age was in the proportion of one hundred and thirty-three per one thousand births, against one hundred and sixty-three, one hundred and fifty-four and one hundred and fifty-one respectively in the previous three years, and an average proportion of one hundred and fifty-four in the decennial period, 1892-1901 (Register General of births, deaths and marriages, 1902 report.) There was also a greater saving of life of children under five years of age. Again, between 1897 and 1901, out of every one thousand children born in urban districts one hundred and seventy died, while for every thousand born in the country only one hundred and twenty-eight died, which shows conclusively the effects of unhealthy conditions of large cities. The statistics show also that the total number of deaths from consumption of all ages and sex was seven thousand less than was the case on the average during the ten preceding years.

Semi-starvation, complicated in many cases by stimulants and narcotics, is the remote cause of most of the physical ills of the poorer classes of the English and American people. "Thirty per cent of these English poor," remarked the *London Chronicle*, "never know what it is to have a full stomach." The South is, beyond a doubt the most fortunate section of our country, at present, in this regard. Still we have to contend with unsanitary conditions in some of the old settled portions of our large cities, where musty, dilapidated pretentious old dwellings have become overcrowded domiciles of an unsorted and unsoaped foreign population, for the exclusive benefit of the landlord, charity hospital, and to furnish occupation for the health officer in recording the spread of disease.

The North and East has its epidemics of pneumonia from lack of pure air in crowded tenement houses surrounded by "sky-scrapers." The West, from too much exposure on the mountains and plains. The South, from these miserable, neglected homes. The stress of competition and low wages of the laborer has produced this condition.

The United States census bureau report on occupations show that the total num-

ber of persons engaged in gainful occupation in 1900 was twenty-nine million seventy-three thousand two hundred and thirty-three, which constituted one-half the population ten years of age and over, and nearly two-fifths of the total population. Of these, four million eight hundred and thirty-three thousand six hundred and thirty were women and one million seven hundred and fifty thousand one hundred and seventy eight were children. The effect of this condition in the majority of cases upon woman herself is to impair her physical fitness for maternity, and to subject her to a false system of education which, mentally and morally, unfits her for her economic office in the family, while the child is practically abandoned to follow his fancy and the lessons of life learned by experience.

The indifference of the people to their needless impairment and destruction of child life is the most frightful feature of our civilization and is the foremost sign of our national decay. It is simply a repetition of a condition which preceded the fall of Rome and every nation of the past.

321 Carondelet Street.

[Written for the MEDICAL BRIEF.]

Monopoly.

BY JOHN A. WELSCH, M. D.,
Farber, Mo.

A few men have the right to organize and adopt rules and regulations to govern their conduct when they arrive at the point that they are afraid of each other as individuals. It would be wrong to deny them this right; but it is a far worse wrong for the contracted few to force their narrow views on the masses by legislative enactment. If the merits of their so-called principles and systems do not appeal to the majority, why should the majority be compelled to accept them in a country having the government of, for, and by the people? Conditions in the medical profession offer a striking example of such conditions at present. Why? Because a certain few claim to know all and everything and to force their views not only on the entire pro-

fession, but all the people, by not only legalizing themselves, but having laws passed so that they may prosecute all who disagree with them, no difference if they can substantiate their position or not. They do not hesitate to go into the legislative halls of our various States with bills which are avowedly against certain religious and medical sects. This within itself is an admission of lack of merit. These bills carry with them a few appointments, the duties of the same to be to use their discretion. This discretion has proven, in many instances, to be the individual whims of contracted politicians. Notwithstanding this fact, the profession continues to tolerate its political dictators, and in every State where they do not exist, they are being created, and what do they accomplish? They hold up the profession to the public as ignorant, and, incidentally, for fees. They proceed to prosecute their brethren, if they can find a technicality on which to begin, and their official journals publish under glaring headlines, "*Illegal Practitioner Fined*," etc., etc.; never do you see where an incompetent practitioner has been fined. Now why do they not say, "*Incompetent Practitioner Fined*?" Has competence ceased to be a factor? And is the proper political collar the only test? So it would seem—as they have declined to recognize their own colleges, a diploma from which should be the only legal evidence of qualification. Some States have passed laws to recognize graduates of certain schools and colleges as competent teachers, and to license them as such without examination. Why not graduates of reputable, legally chartered medical colleges? Of course, a few politicians would lose their jobs; but if they must be kept, it would be easier on the profession as a whole to pension them, for if they were successful in practice they undoubtedly would not be engaged in their present occupation—bleeding the profession and fooling the people, or a part of each, as the profession has been largely undeceived for a long time, and many of the people are waking up and asking questions that puzzle the politicians.

[Written for the MEDICAL BRIEF.]

The Sex Question.

BY T. E. REED, M. D.,
Middletown, O.

We notice more recent discussions of the "sex" question, but are unable to see that they present anything new. The theories they advance are along the same old lines that have been periodically presented, and proved fruitless, down the ages.

People, as a rule, are very ready to take up with theories, fads and dogmas, but give little or no heed to truth.

Three or four years ago we presented to the readers of the BRIEF a short article setting forth a principle or natural law dominating the sex. We will now, through the courtesy of the same channel, repeat in part what was said then, hoping it may take deeper root and make a more lasting impression upon the readers of this valuable journal.

All life is under law, therefore man and all the influences and forces about him are controlled by supreme law. Prominent among these laws are "time cycles," of which there are many, but we will only mention or deal with the one known as the "tide" cycle, which is the shortest cycle of time, it being only twelve hours, making two complete circuits in twenty-four hours.

It is enough for our purpose here to know that these marvelous, world-wide, semi-diurnal electric currents do exist, without touching what is *supposed* to cause them. This cycle law is universal. It is everywhere present, over land and sea alike; but it is more noticeable on the latter because of its fluid nature, and salt water being strongly magnetic. This ever-prevailing cycle has its influence upon all life, both organic and inorganic, and it is impossible to over-estimate its value to man, from the moment of germination to that of dissolution, in both health and disease periods.

This tidal action can be thought of as the great heart-beat or breathing of the earth. Man is a little world within himself, having a like breathing action to this tide motion in the earth. When a man sleeps, and the breathing is involuntary, the periods occupied in inhalation

and exhalation are equal in point of time. The former (inhalation) imbibing oxygen, being *positive* in action, corresponds to the rising tide, which bears with it life-giving strength, essence, energy, force; while the latter (exhalation) yielding carbon, is *negative* in action, and corresponds with the falling of the tide, carries back with it weakness, imbecility, decay and death.

Life, then, enters the period of its existence during the flow hours and makes its exit during the ebb hours of the tide cycle. It is invariably true where the action is natural, and nature is not interfered with, that births take place during the rising or *positive* wave and life goes out during the falling or *negative* wave current.

We have now come to the point we started out to emphasize, viz.: That this power, exercising an all-pervading influence over the elements of man's nature, governing both the entrance upon and exit from the stage of life, also determines the sex, by the *time of copulation*. That is, this mutual act taking place during the flow or *positive* hours, the progeny is a *male*, but when occurring in the ebb or *negative* hours, a *female* is the result.

But we hear some one say that the time of copulation does not always determine the time of conception? It is the *time*, however, in which the cells are thrown off, that marks or fixes the sex, let conception occur thereafter when it will. We are inclined to think that the cells are neutral, until expelled from their respective beds, the *time wave* alone determining their positive or negative—active or passive—male or female nature.

We have given this subject most diligent study for a number of years and can speak authoritatively in support of this statement. Whenever we have been able to locate the *year, day and hour* of the copulation producing the result, we have successfully named the sex. A number of my married patrons have procured the sex desired by observing this law in their actions.

In leaving this subject for this time, we beg of those interested, to investigate for their own satisfaction, as we have done. *We claim to have discovered the LAW DOMINATING THE SEX.*

**ILLINOIS STATE BOARD OF
HEALTH—JANUARY 19-21,
1905 EXAMINATION.**

(A) Physical Diagnosis. (B) Ophthalmology and Otology. (C) Pediatrics. Physicians.

GEORGE W. WEBSTER, President.
JAMES A. EGAN, M. D., Springfield,
Secretary.

The questions should be folded with the answers. Candidates are not allowed to copy the questions.

(A) PHYSICAL DIAGNOSIS.

1. What are the physical signs of a dilated heart?
2. What diagnostic signs may be elicited in the stage of engorgement of lobar pneumonia by percussion? What by auscultation?
3. Under what conditions is the first heart sound accentuated? Under what conditions is it enfeebled?
4. What are the physical signs of thoracic aneurysm?
5. How would you differentiate chronic tuberculosis from (a) chronic bronchitis, (b) emphysema, (c) consolidation following pneumonia?

(B) *OPHTHALMOLOGY AND OTOTOLOGY.

1. What are the causes of otitis media? What is the treatment for acute otitis media?
2. What conditions of the eye accompany chronic interstitial nephritis?
3. What is the function of the choroid coat of the eye? Of the ciliary muscles?

(C) PEDIATRICS.

1. Give the etiology and symptoms of rachitis.
2. Give the relation of fats, carbo-hydrates and proteids in cow's milk and breast milk.

(A) Gynecology. (B) Laryngology and Rhinology. (C) Medical Jurisprudence. Physicians.

(A) GYNECOLOGY.

1. Differentiate between pyosalpinx and tubal pregnancy.
2. What are the degrees and causes of prolapse of the uterus?
3. Give the differential diagnosis of ovarian cyst occupying the abdomen and pregnancy and distended bladder.
4. What are the principal varieties of ovarian cysts? How would you differentiate a small ovarian cyst from a distended tube?
5. What are the symptoms and physical signs of ectopic gestation?
6. How would you treat a laceration of the perineum which extends through the sphincter ani?

(B) LARYNGOLOGY AND RHINOLOGY.

1. What are the principal tumors of the larynx? What are the common symptoms of tumor of the larynx?
2. Give five causes for epistaxis and the general treatment.

(C) MEDICAL JURISPRUDENCE.

1. How would you differentiate between (a) narcotic poisoning, (b) drunkenness, (c) uremia, and (d) concussion?
2. How would you determine that a person had died from starvation?

OBSTETRICS—PHYSICIAN.

1. What is ballottement and what is the value of it as a sign? What conditions make its use impossible?
2. What are the immediate and remote dangers of abortion? When is abortion inevitable?
3. Give the prognosis for mother and child, and the diagnosis of placenta previa?
4. What forms of pelves are principally contracted in the antero-posterior diameter?
5. What are the indications for podalic version, and what are the methods of performing it?
6. What is embryotomy, and what operations are classed under this term?
7. Describe the management of the third stage of labor.
8. At what period during pregnancy are the fetal heart sounds heard? What is the frequency of these sounds, and where are they best heard?
9. Give the differential diagnosis between fibroid tumor of the uterus and pregnancy.
10. Upon what signs would you make a diagnosis of multiple pregnancy?

GENERAL SURGERY—PHYSICIAN.

1. What are the cardinal symptoms of fractures? What are the special symptoms of fracture of the olecranon?
2. What are the sources of loose and foreign bodies in joints? What joint is usually affected?
3. Give the symptoms, methods of diagnosis, and name the methods of treatment of enlarged prostate.
4. What are the infective granulomata? Give examples.
5. Briefly describe the preparation of a patient for an abdominal section.
6. What is staphylorrhaphy? Uranoplasty? Lithotomy? Enterectomy?
7. What are the varieties of fistula in ano? What is the operative treatment?
8. Give the classification of aneurysms, and tell how spontaneous recovery may occur.
9. What is a sprain, and what tissues are involved? Give treatment for a sprain of the ankle.
10. Name the general anesthetics commonly used, and give the chief advantages and disadvantages of each.

MEDICINE—PHYSICIAN.

1. What is pseudo leukemia? What are its principal symptoms and prognosis?

2. Differentiate broncho-pneumonia from acute lobar pneumonia and capillary bronchitis.
3. What is exophthalmic goitre? Give its principal symptoms.
4. What is insolation? What are its two varieties?
5. What conditions commonly cause icterus?
6. What are the general classes of diabetes, and how is each diagnosed?
7. What is variola? Describe the stages of this disease.
8. What are the chief sequelæ of scarlatina?
9. By what signs and symptoms would you reach a diagnosis of chronic interstitial nephritis?
10. Define pertussis. Varicella. Rubella. Hydronephrosis.

ANATOMY—PHYSICIAN.

1. Describe the patella, giving its articulations and muscular attachments.
2. Name the muscles of the abdomen, from without inward, giving origin and insertion of each, and directions of their muscular fibres.
3. Describe the pericardium.
4. Name the divisions of the aorta, and give the principal branches from each division.
5. Give the origin, and insertion, and nerve supply of the sterno-cleido mastoid muscle.
6. Give the origin of the fifth cranial nerve and name its chief divisions.
7. Give the gross anatomy of the stomach.
8. Describe the structure of the mammary glands.
9. What are the graafian follicles? What is the discus proligerus?
10. Tell what you know of the location and structure of the thyroid gland.

PATHOLOGY AND BACTERIOLOGY—PHYSICIANS.

1. Differentiate between fatty degeneration and fatty infiltration. What tissue is usually affected by the former?
2. What are the pathological conditions in acute colitis?
3. Name the principal forms of connective tissue tumors, and state the tissues of which they are composed.
4. What are the principal differences between carcinomata and sarcomata, as to their relation to the blood vessels?
5. What is hydremla, and with what general conditions is it often associated?
6. What are the principal forms of bacteria, and how do they differ in appearance?
7. Give Koch's postulates, or rules, in regard to bacterial cause of disease.
8. Differentiate between pathogenic and non-pathogenic bacteria, and give five examples of each.
9. Describe the bacillus tuberculosis, and give details of a method of staining it.
10. How would you differentiate dysentery from typhoid fever by bacteriological tests?

MATERIA MEDICA AND THERAPEUTICS, PHYSICIAN.

1. What mineral acids are used medicinally? In what form is sulphuric acid usually given, and in what doses?

2. From what is colchicum derived, and what is its principal alkaloid? What are its therapeutic uses?

3. What are the therapeutic uses and dosage of chloral hydrate? What is the principal use of croton (butyl) chloral hydrate?

4. What is a mydriatic anodyne? Give three examples.

5. What are the uses and doses of apomorphine hydrochlorate?

6. Give a rule for calculating the dosage of medicine for children.

7. Name three digestants, giving their origin, therapeutic uses, doses, and substances which are incompatible with them.

8. What is meant by "specific action" of a drug? Give three examples of specific action.

9. How may mercury be administered in syphilis, and in what forms is it used in each method of administration?

10. Write a prescription for a mixture to contain sixty grains of iodide of potassium, thirty grains of nitrate of potassium, four drachms each of the fluid extract of black-snake root, and of glycerine, with enough wine of colchicum seed to make two ounces, the dose to be a teaspoonful after each meal.

(A) Physiology. (B) Neurology. Physicians.

(A) PHYSIOLOGY.

1. What is the function of the saliva? Of the gastric juice? Of the pancreatic juice?
2. What is the tryptic action, and what does it accomplish?
3. What is bile? What are its functions?
4. What is a glomerulus of the kidney? What is its function?
5. How many classes of foods are essential to the maintenance of health in man? Give an ordinary example of each class.
6. What is the function of the external ear? Of the auditory canal? Why is the tympanic membrane sloped from outward inward?
7. What changes occur in atmospheric air during respiration?

(B) NEUROLOGY.

1. What is the effect of a lesion of the upper part of the lumbar region of the spinal cord?
2. What is acute poliomyelitis? What are the principal pathologic conditions of this disease?
3. What are the chief diagnostic points in epilepsy?

(A) Chemistry. (B) Etiology and Hygiene. Physicians.

(A) CHEMISTRY.

1. Briefly describe arsenic, and name the hydrogen and oxygen compounds with arsenic.
2. Give the chemical formula for saltpetre. For red iodide of mercury. For ammonia.
3. Give the formula and properties of mercuric chloride.

4. What is menthol?
5. Describe Fehling's test for sugar in the urine.

(B) ETIOLOGY AND HYGIENE.

1. What is the danger, and what is the source of carbon monoxide in living rooms?
2. What is ventilation? In what part of an occupied room is the air most impure, and why?
3. What are the qualities desirable in water for drinking purposes? What is hard water?
4. What are the best means for preventing the general spread of tuberculosis?
5. What methods would you employ to limit the spread of disease in a case of small-pox?

[Written for the MEDICAL BRIEF.]

Pro Bono Publico.

BY JOHN T. DE MUND, M. D.,
Ridgewood, N. J.

With all due respect, I have never yet met an educated physician (*italicize as you will*).

An Omnipath has yet to be born, is still embryonic, who might thus be able to vouchsafe the "repeating role" in medicine. The chasm between the sublime and the ridiculous, is still the same old sesame. This family name is dear and sacred, and yet from whence it came no living mortal knows. We all have to gulp down our ignorance at the footstool of wisdom.

The true clinician is a modest entity, one who opposes with firmness, or yields with graciousness. He is not afraid to use the still small voice when called upon to defend truth—Truth is no toy! Much less is he backward to criticize stupendous stupidities, or to be more plain, the so-called standard authorities, when in the wrong.

The true clinician has no time or use for hybrids—misnomers, if you will. If pneumonia and typhoid are not of this class, then the Anglicized view of the matter is sadly in fault.

Give a disease its proper name or classical classification, pure and simple. A just nomenclature is like a just weight.

A true clinician is compelled to ignore what is useless, nay harmful. Many misnomers are still in vogue, and custom as well as usage still sanction them. They should be relegated to the shades of oblivion. Oh, these beautiful text-books!

Full of misnomers. Replete with sophistry, purology, etc. No modern young man, after four years' course, knows it all. One of the mysteries I am unable to solve is how any intelligent physician can appear before a class of students and harangue them on bronchitis, pneumonia, typhoid and the like. In three words, "*itis apis potitis*"—you get two *itis*'—i. e., double inflammation. If there is a mystery about the *itis*, still more so in the three words above mentioned! Oh, ye gods and little fishes, "dunno"—but still I teaches!

'Twas inflammation of the lungs as such (pneumonia, eh?). There is no use making a mountain out of a mole-hill. The radically heroic and unpredecessorally large doses of calomel—*calomel*, as it were, "*cinctifed*" said inflammation, has, in my hands, given more satisfactory results. Temerity is not rashness when the cornucopia of success ensues.

In acute inflammation of the lungs in the severest type, calomel in ten-grain doses, every four to six hours, day and night, *pro re nata*, will eliminate seven-tenths of the *materia morbi* of the disease in from forty-eight to fifty-six hours, leaving three-tenths of the disease to be carefully nursed. Over-zealous doctoring is wholly uncalled for. If there is any other drug that will accomplish as much, I am not aware of it. In forty odd years of active practice, the last ten of which, when I have resorted to this heroic treatment, I do not remember of losing a case. Doctors doctoring the heart in inflammation of the lungs! What for? The heart is not sick, unless you make it so by resorting to "purgatorial placebos." The true clinician is not unmindful of the "portal circulation," and its derangements in inflammation of the lungs—the *pons asinorum* of the attendant. I am not aware of any authority referring to this all-important "*item*" in the treatment of said disease.

We must all admit the smile of the patient is more attractive than the shroud of the victims of misplaced confidence.

Ridicule, satire and sarcasm are often admissible. But for any physician to tantalize old age is unprofessional, ungentlemanly, as it is uncalled for.

[Written for the MEDICAL BRIEF.]
The Medical Fisherman.

BY C. E. BOYNTON, M. D.,
 Los Banos, Cal.

Say, Doctor, how do you feel when other doctors seem to step out of their way to make presents to your patients?

Listen to what the editor of an eminent medical journal, who has, on the side, published an interesting and cheap book, that the doctors may order more of said books for distribution in their neighborhoods, says:

"They will talk of the book, and the good doctor who sent it to them, and will not that become an advantage to practice?" etc.

When the mother of one of my patients was in town, a lady doctor went out of her way to send her a small present. Now, I would not have done a similar thing to one of this doctor's patients. People frequently change doctors for no good reason, prompted by a bait in the form of a cheap gift that a competing doctor sends out. All such things lead up to graft. Suppose another doctor wishes to go that gift one better, and they begin to bid for the practice of people in that way. How does it look to the public? It is a little thing, too little to talk about, perhaps, but when you, Doctor, have lost the practice of a good family because another doctor gives Johnnie a ten-cent picture book, you may think it strikes home.

A doctor should give his time to higher things than tickling up a practice. Such methods do very well for candy stores, ice-cream parlors, etc.

We have heard much said about the good kind doctor that pleases the motherly heart of Mrs. Stop-and-go-fetch-it by taking little dirty-faced Andrew Jackson S. on his lap, and supplying him liberally with candy, and uttering flatteries far from truth. If there is a magnetism that draws us to a pretty or a neglected child, that is another thing, but to affect such magnetism as a mercenary move, is trifling on the outskirts of quackery.

This "self-forced" conversation with Farmer Squash, ostensibly because we are interested in his pig crop, but really

because we have a yearning for his patronage, is one of the ways of the doctor who would steal a case if he can. Be nice and polite to all, but do not flip your soft-soap at another doctor's patient or family. It is very bad behavior for a doctor, and no one likes to have another physician work it on him. It is too easy. Do not get so hungry for practice that you are little. When you like people, and can not help it, when it is spontaneous, unaffected, and natural, be yourself, throw off reserve, but if you play an affected part all the time, to catch practice, you will soon wear a gloss of mannerism that is not honest, and people of keen senses or instinct will, like the dog, growl when they get near you.

It is absolutely dangerous to be, for mercenary motives, what you are not. The bright child feels it, somehow, when you flatter him. Then, never flatter. It hurts you. It perverts or distorts your character, and character is a thing of tender growth.

[Written for the MEDICAL BRIEF.]
A New Resource in Forceps Application.

BY WILLIAM B. ELY, M. D.,
 University Place, Neb.

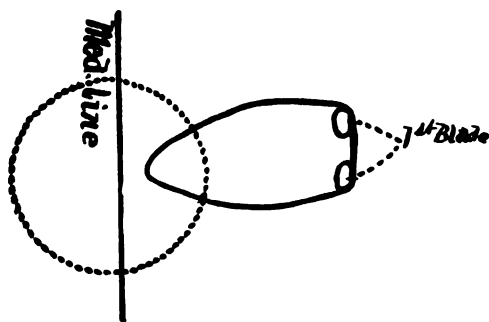
It occasionally happens that one is called upon to deliver with forceps before the os is fully dilated. Such a case came to me in 1899. The os was dilated to about the size of a silver dollar and the neck soft and easily distensible. The first blade went to place without difficulty, but the second could not be made to enter. After several ineffectual attempts, the idea flashed across my mind that the first blade had drawn the lips of the os over to the extreme right (my own right), carrying the left lip beyond the middle line. In such a situation, of course, the second blade could not be made to engage the lip so as to enter the womb.

I had about made up my mind to abandon forceps to employ podalic version when the thought came to me that if the second blade could be induced to enter close beside the first it would go to place readily enough and then be worked

around to its proper relation with the first and lock.

So, removing the second blade completely, I re-entered it so as to "spoon" with the first blade at the inside. It slipped along the inner surface of the first blade with perfect ease and was guided to place like a knife along a director. Having entered the womb, the work of teasing it around to the opposite side was a simple matter, with which every doctor of any experience is familiar.

In all such cases the first blade draws the lip of the os over to one side something like this:



The second blade could not be made to engage the os, but must slip over toward the right and against the first blade over the skull of the fetus. But, entered along the inner curvature of the first blade, the first blade acts precisely like a director for it, and it is surprising, to one who has never before seen it, how easy and simple it is to guide the second blade to place.

Since the first experience, I have had four other similar cases. In neither of them did I attempt to introduce the second blade in the orthodox way, but employed the maneuver described above, and in each of them I had the same pleasant experience. But I can easily see that there might be difficulty in a case where the os vaginae is small, and the perineum rigid; but such cases are comparatively rare. This procedure may be commonly known, but my impression is that it is new, since I have never met a physician to whom it was not new, and my acquaintance is wide in the profession.

When the os is dilated to the size of a dollar, it is laid down in the text-books that the second stage is begun; that de-

gree dilatation is the accepted line of demarkation between the first and second stage, and application of forceps through so small an opening is always considered to be difficult. But sometimes it is desirable to apply them at that time, and the value of this little trick consists in the fact that it renders such application of forceps comparatively easy.

[Written for the MEDICAL BRIEF.]

Intellectual Exercise of Women—Painless Labor.

BY SILAS HUBBARD, M. D.,
Buffalo, N. Y.

Much study by women is likely to result in irregularity of menstruation, most commonly of amenorrhea, by diverting the circulation of the blood from the pelvic organs to the brain. When amenorrhea is caused in the above way, I advise physicians not to give emmenagogues, for a woman must take the choice of being a good animal without the hard study, or have the hard study and menstrual irregularities, and, besides, if she is nursing a child at the same time that she is strenuously exercising her intellect, the milk is likely to fail, for the reason that the blood is sent more to the brain than to the breasts. Very brainy women are generally poor nurses.

Women ought to be relieved from politics and strenuous exercise of the intellectual faculties, and many responsibilities, for they unfit her for raising and caring for children. The women poets, authors, and orators, have very few children, and they are not likely to become Presidents of the United States, although women with good natural abilities and not too much hard study have children in abundance of the right sort.

PAINLESS LABOR.

Dr. W. B. Ely, in the December BRIEF, does not give us the sex of the two children of the two births he describes. Sex sometimes plays an important part as regards painlessness in birth. The girl's head is more ossified than the boy's head. His first case, I should guess, must have been a boy, it having weighed one-fourth of a pound more than the second child.

and the second child, I should guess, must have been a girl, and that its head must have been more ossified than the first, which accounts for the labor being more painful. I wish physicians, in giving cases of labor, would give the sex of the child, and not leave us to guess.

Although the heads of boys at birth, in general, are more pliable than girls, I did at one time attend a woman in her third confinement who gave birth to a girl, and the mother reiterated it often that the girl was born without any pain on her part, and that this indicated that the girl was a natural Christian, and when the girl grew up to womanhood, and presented herself for membership to the Church, the mother urged that the young woman was a 'natural born Christian. Some of the members in private gave it as their opinion that the mother ought to be instructed in theology; however, there are a host of grown-ups who do not believe they ought to be born again. Physicians generally believe it is only their duty to describe cases of distocla.

[Written for the MEDICAL BRIEF.]

Some Notes on Childbed Fever.

BY J. A. COPPEDGE, M. D.,
Alanreed, Texas.

In a practice of thirty years a man learns a few things that are not in medical books or journals. To me, puerperal peritonitis, or child-bed fever, has a personal significance, as my own mother and two grandmothers died from it.

I am aware of the advantages of douches and cleanliness and judicious medicine to abort or cut short many threatened cases. I am also advised of the uterine curette and its uses; but, in a general plan of treatment, and as an essential factor of success, I find nothing superior in well developed cases than the judicious application of fly-blisters, and I discovered this plan of treatment in 1885, about twenty years ago, and I do not find it spoken of in any of the medical books or journals.

Case 1.—Mrs. Y., aged thirty, white, second child, waited on by a midwife; fever 106° F. Wild, frantic and delirious

and had to be held in bed; bowels much swollen. Had Dr. S. to meet me twice in this case. No results from our treatment and no abatement of the fever—still at 106° F. At the second trip, we both expected her to die before night. I proposed to Dr. S. that we blister. He said that it was too late; was not laid down in the books, and would do no good in the case. At night I went back to see the lady, and told her husband that I wanted to put a blister on her, but that it was not laid down in the books, but that a blister was good in pleurisy and pneumonia, and that I believed it would give her a chance, and he consented to have it put on. Fever 106° F., bowels tympanitic, and still delirious. I applied a blister of cerate cantharides, or Spanish flies, over womb and right side, about ten by twelve inches. In four hours, had a good blister, fever went down to 100° F., patient rational and quiet. Put her on tonics and dismissed her after two more visits, and she made a good recovery and had several more children.

Case 2.—In 1885, Mrs. B., a few days after confinement. Bowels tympanitic; fever 104° F. Applied an eight by ten blister over zone of greatest tenderness, first visit, and dismissed on third visit.

In the past twenty years I have had about ten typical cases of child-bed fever; blistered all cases, and lost none. To all cases of lying-in women, I give four No. 1 capsules of quinine a day. Keep bowels regular, with oil or salts; use uterine douches of warm to hot water, a heaping teaspoonful of baking soda to one quart of water, one to two times daily, and generally have prompt recoveries.

May the BRIEF and its Editor and "Old Doc," and all of its correspondents live long and have continued prosperity.

[Written for the MEDICAL BRIEF.]

How About Your Diploma?

BY Z. T. DODSON, M. D.,
Cleveland, Wash.

In the BRIEF for April which, by the way, reached me ahead of its birth, I note what A. M. Richmond, M. D., has to say on "The Issue," also your comment on the same. I wish to congratulate you on

the stand you are taking in this matter; it is along the lines that I have been advocating for years. The idea of a doctor, or any one else, for that matter, being compelled to appear before a board for examination, every whip-stitch, is ridiculous in the extreme. If it keeps on at this rate, we will be required to pass an examination to evacuate the rectum or urinate. A diploma from some accredited school ought to admit any one to enter the profession of his choice, and I go you one more: If any one can do a certain thing well, I say let him do it, whether he has a diploma or not. If we are not competent, the public, our patrons, will soon discover the fact, and diploma nor anything else will be of benefit to us. We must necessarily stand or fall by the judgment of the populace. I am tooth and nail against anything akin to class legislation, and it is my belief that anything along this line is very close thereto. Individually, I would be in favor of wiping all such laws off the statutes in State and Nation. I trust that this matter may be taken up by some of the fraternity more competent to discuss such matters.

I am a regular graduate and have been in the medical ranks since 1877.

[Written for the MEDICAL BRIEF.]

Oil of Hyssop.

BY ANNIE K. BAILEY, M. D.,
Danbury, Conn.

For the sake of those using the oil of hyssop I would offer the following as a general and practical rule, in order that the oil may not be given too long, or beyond the point of need:

If the case is severe, begin with five drops three times a day, and reduce to two or three drops as soon as improvement on any of these lines begins, viz., the disappearance of symptoms, a more healthful expression of countenance, or a general condition of better feeling. The patient's own testimony is a safe guide to reducing the drops. Reduce rather than increase. In my experience the action has been very quick, marked improvement taking place within two weeks' time in cases of syphilis, and in a case

of cancer of the uterus, with discharge, the discharge had practically ceased in about that length of time, or a little longer.

Prescribe four tumblerfuls of water, to be taken during the day to cleanse, wash out, or remove from the system that prepared by the hyssop to be eradicated.

In ordinary cases, two or three drops will be found sufficient, if the action should not be as rapid. It provides against any possible idiosyncrasy of the patient from any over-stimulating effects.

Personally, I am intensely interested in the authentic virtues of this volatile, essential (ethereal or distilled) oil.

[Written for the MEDICAL BRIEF.]

Sciatica.

BY ESTEBAN HAMMOND, M. D.,
Noria Sinaloa, Mexico.

In BRIEF, January, 1905, page 91, Dr. H. G., N. J., asks for help in a case of sciatica. Let me tell him what once happened to me. I had a very severe attack. Pain from notch to heel. Was perfectly helpless and confined to my bed. I tried every remedy that I had ever heard of for some ten days; no relief. I then wrote to a medical friend of mine. He sent me medicine. I applied his remedies fifteen days, getting no better. Got so low down that hiccough came along to pilot me over Jordan. I then recollected that I had seen an account of a miner in California who was confined to his bed for several months with rheumatism. He had spent a small fortune in medical advice and medicine. He finally left off all kinds of medicine and commenced using petroleum, both internally and externally. In less than two months he was back at his work in the mine. I immediately took a teaspoonful and had it applied to seat of pain. This was in the evening, and that night I got a good rest. Slept better than I had during any night before. Felt much better next day. Continued petroleum, and in three days all pain was gone. A few days after let up on petroleum and finished off with infusion of gualacum wood.

This happened some years ago. I never had, afterwards, any trouble of that kind.

I have since then prescribed petroleum in my practice, and all the patients that I could prevail upon to take it have gotten relief. I think that the crude oil might be better, but it is not to be had here. I used the refined and it fixed me up all right.

[Written for the MEDICAL BRIEF.]

Recital of Mistakes.

BY J. J. STRINGER, M. D.,
Oakvale, Miss.

There is no honest man living or dead who if he would, or could, say truthfully, but that would say, "I have learned more by my mistakes than my successes."

Almost all the articles I read in the BRIEF, and by the way I read them all, are telling something the author has done, with never a *word* about what he has not done.

Brothers of the BRIEF family, why do not you tell us of some of your mistakes, that we too may be as wise as you, and ever hereafter avoid them? Why do not you tell us of the time you gave ergot, before the womb was empty, and tell us how you "cussed" yourself for knowing and misusing the best and nearest specific, used in the right place and right time, ever yet known to the medical profession.

I once gave ergot to a primipara, thirty-six years of age, about the twenty-fifth hour of labor; result, general contractions of womb, with no expulsive force at all.

After three hours delay, and a forceps delivery, I wondered why I did not cause the lady to change her position and use massage over the abdomen.

Again I was nearly out of breath, pulling at a retained placenta when it gave way inside the uterus, and the flooding became much worse; then, after introducing my entire hand and nearly killing the poor woman, I succeeded in removing the placenta piece by piece, and learning next time to wait.

My next was a case of slow labor in a primipara, head born, cord around neck. In my efforts (according to Playfair, and Dr. Rathmel of Chattanooga) I endeavored to pull cord over head; result, rup-

ture of cord at umbilicus of child and severe hemorrhage following.

My next was a case of icterus in a baby six days old, with hemorrhage from the cord, around umbilical attachment. After trying all the septic remedies ever written about, I decided the baby would die, and sent for an *old doctor*, but he, too, failed to arrest the bleeding, and after we both had informed the then much-distressed parents that there was no chance for the baby, an old, ignorant "granny" negro woman came along and applied wheat flour and stopped hemorrhage at once.

My next, well, they are so many I hardly know which one to tell about next, but here goes for one: A lady, six hours in labor, with puerperal eclampsia, four "fits" before my arrival, raging on my arrival with the fifth one, instead of introducing spoon handle wrapped with napkin I held in my hands, I, of course, put my index finger in her mouth. When her fit was over I was still in the throes of mine.

In this case I gave fifteen drops of veratrum viride, and made as good an instrumental delivery as anybody could have done, with as sore an index finger as I then had, with no more recurrence of "fits."

The next was when in dread of people saying, "If the old doctor had been here Pete would have got well." I sent for the old doctor and Pete got well, and then everybody said: "If it had not been for old doc. poor Pete would surely have died."

More anon.

[Written for the MEDICAL BRIEF.]
Question?

BY T. A. JONES, M. D.,
Selfs, Texas.

From the days of Hippocrates down to the day of Koch's discovery, scrofula was considered to be of syphilitic origin, and was treated and cured by iodides. Since Koch it is proven to be tuberculous.

Question: If iodides cured tuberculosis when we thought it of syphilitic origin, why will it fall now to eradicate the tubercular bacillus when we know it to be tubercular?

We are taught in Hare's Therapeutics not to use iodides in phthisis pulmonalis for fear of sloughing of necrosed tissue. What is the disease doing *per se* but sloughing necrosed tissue? This being the case, why not hasten the process by iodides, and let the cure be by *similia similibus curantur*? Theoretically it would do it. Why not clinically?

I want all the readers of BRIEF to think over this. Brothers, we must not depend altogether on our text-books. We must reason ourselves, and learn to be free thinkers. Let me hear from you, brother physicians, through the BRIEF.

[Written for the MEDICAL BRIEF.]

Pure Air Cure for Consumption.

BY E. N. MULLINNIX, M. D.,
Linton, Ind.

In a practice of thirty-five years, I have treated a good many cases of consumption. The mortality is so large, and so many of our dear friends have fallen, that it is no wonder such heroic efforts have been and are now being made to stop it.

When the profession gets thoroughly acquainted with tuberculosis, rational means will be used for its cure.

The pure air of Nature is, in my judgment, the only cure. Then how to apply it is the next. I have had some experience. I went with my wife to the mountains to cure her of consumption. Some relief came, but no cure. Then I came east to north central Kansas. In early summer, for days there is not a cloud in the skies. The wind blows a tremendous gale, whirling around buildings, through cracks and crevices, taking your breath and hat away if you are not on the lookout, turning over boxes, tubs, and anything loose about the premises. This is pure air, purified by its velocity.

Weak and debilitated people with "lung" trouble sit out on porches in this air, wrapped up well, and enjoyed it, and improved fast. I aim to convey the idea that a hall built as an annex to a consumption hospital, with the apparatus and machinery necessary to agitate and circulate a current of air, with proper velocity to make it interesting to patients

well wrapped, would cure more people than all medicines and appliances I have ever seen or heard of.

Hospitals are being built, and medicines compounded that are expected to cure a "house" disease. Pure and abundant air is the only cure, Nature's remedy.

I read the BRIEF, and appreciate it because it is good.

[Written for the MEDICAL BRIEF.]
Cough Following Colds.

BY ROBERT C. KENNER, A. M., M. D.,
Louisville, Ky.

At this season the commonest of all ailments is cough that follows ordinary colds. They can be readily cured, in most cases, with the following cough mixture:

B Syrup Ipecac.....	1 ounce.
Syrup Toi.....	1 ounce.
Sweet Spts. Nitro.....	1 ounce.
Paregoric.....	1 ounce.

Of this, one half teaspoonful should be given, mixed with a little water, every one or two hours, until the cough is less troublesome, then every three hours thereafter.

If the cough has existed for some time, it is well for the patient to have cod-liver oil and creosote. The following is a good emulsion:

B Beechwood Creosote.....	100 minims.
Cod Liver Oil.....	4 ounces.
Whisky.....	4 ounces.
Mucilage of Acacia.....	8 ounces.

M. Shake well until emulsion is formed. Dose: A teaspoonful after each meal, and at bedtime.

This is one of the best remedies for chronic bronchitis I have ever used.

2511 Portland Avenue.

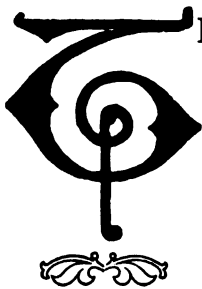
Meeting of Texas State Board of Medical Examiners.

The Board of Medical Examiners for the State of Texas (regular) will hold its next meeting in Austin, Texas, May 2, 3, 4 and 5, 1905, for the examination of applicants and transaction of other business. For further information, address the secretary.

J. T. WILSON, *President*,
Sherman, Tex.
M. M. SMITH, *Secretary*,
Austin, Tex.

INDEX, JUNE, 1905.

PAGE.	PAGE.	PAGE.
Abdominal Brain, Views on the 475	Gun-Shot Wounds, Some Observations on, with Brief Reports of Three Cases of Wounds of the Abdominal or Pelvic Viscera 471	Pneumonia, To Abort.... 512
Acne, Treatment of..... 512	Gynecological Hints..... 452	Post-Nubial Outrages.... 454
Adenitis, Tubercular, in Children from Three to Ten Years of Age..... 461	Hemorrhoids 512	Preventive Medicine..... 481
Begins to Kick..... 434	Hitch Your Wagon to a Microbe 496	Prostatectomy, Some Questions of Interest to the General Practi- tioner Regarding..... 497
Carbolic Acid a Scientific Magic 503	Insanity, Incipient..... 439	Regular Board Medical Examiners, State of Georgia 506
Carcinoma of the Rectum 469	Intestinal Tract, The Fer- ments of the..... 466	Reminiscent Chats..... 436
Cerebro-Spinal Meningitis, 433, 438, 474	It Is Too Bad..... 436	Rheumatism, Pathology and Treatment of.... 455
Cough Following Colds.. 475	Laws, Medical..... 504	Some Practical Items... 509
Diarrheas of Infancy, The Newer Studies in the.. 459	Macrotys—Black Cohosh. 511	Stomach Troubles. A Plea for More Thorough Ex- amination in 511
Diphtheria, Laryngitis and Tonsillitis, Common- Sense Antitoxin for... 406	Malaria 465	Suggestion, Therapeutic; What Is It?..... 490
Editorial 423	Medicines, Liquid, Superi- ority of Over Alkaloids 449	Suggestion. What Is It? 509
Embalming the Dead, the Principles and Practice of 446	Miscarriage 507	Sulicide 444
Epilepsy 487	Multiple Examination... 512	Summer Complaint..... 510
Epilepsy and Its Mental Relation—Epileptic Au- tomatism, or Psychical Phases of Epilepsy... 462	Nasal Cavities, The, and the General Practi- tioner 451	Sprains of the Ankle Joint, With Particular Reference to the Diag- nosis from Fractures.. 472
Feeding Children..... 435	Nasal Deformities, Trau- matic External, Correc- tion of..... 468	Syphilis 438
Fever, Malarial, The Cause of..... 485	Parisian Medical Chit- Chat 492	Therapeutics, The Undu- latory Theory in..... 470
Fever, Typhoid, Various Types of..... 508	Placenta Previa—Drug Addiction 510	To Make Rules for the Other Fellow..... 434
	Pneumonia 495	Vomiting 471



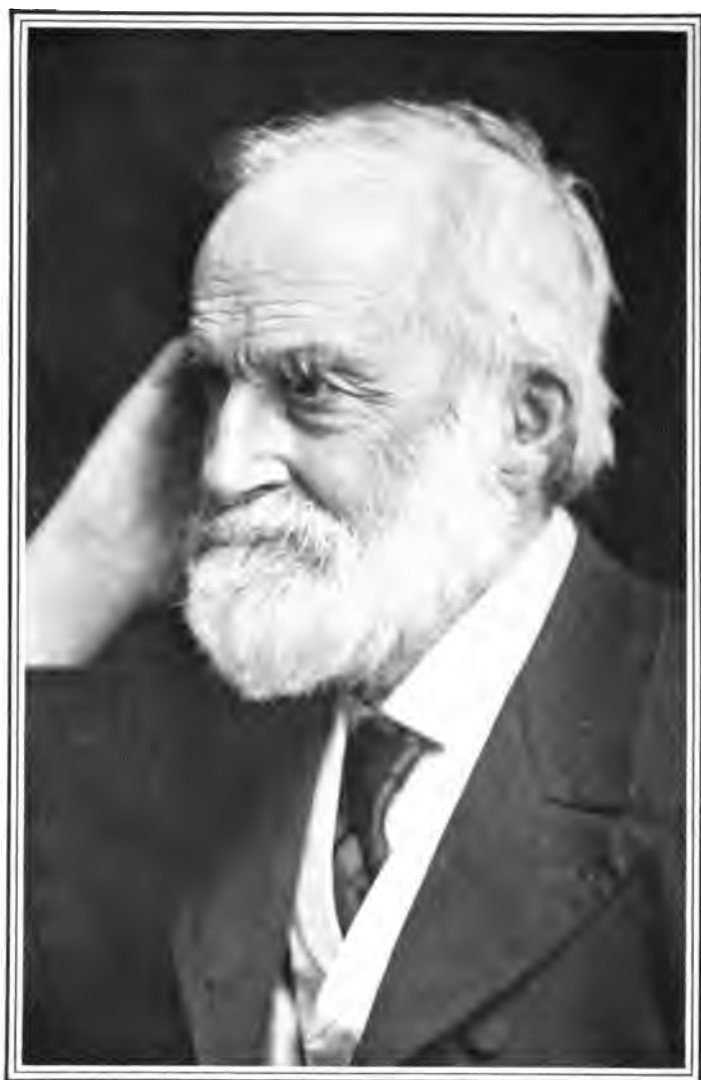
THE "JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION" is perfectly correct when it states, editorially, in its issue of April 8, 1905, that its own observation of medical literature indicates that echinacea is being used far more than formerly as Ecthol (Formula:—Each fluid drachm contains 28 grains echinacea angustifolia and 3 grains thuja occidentalis) has grown into almost universal use among physicians of all countries since it was first introduced to the profession some five years ago. Discussing echinacea in a recent issue of the Louisville "Monthly Journal of Medicine and Surgery," Dr. C. S. Chamberlin, of Cincinnati, writes as follows. "In my own experience, the results attending the use of echinacea have convinced me that there is no remedy of so great value in the treatment of cases of septic infection, and I have repeatedly used it in the cases of septicemia following wounds of the extremities, which I am confident, by any other means of treatment, would have resulted in the loss of the limb and possibly of the life of the patient." He further recommends it to eliminate toxins and to alter conditions which favor suppuration and inflammation, as in the case of abscesses, ulcers, gangrene, bites of venomous insects and reptiles, tonsillitis, the exanthemata, eczema and psoriasis.

**BATTLE & CO., CHEMISTS,
SAINT LOUIS.**



T. Battersby Wood.

M. D., F. R. C. P., Edin.; M. R. C. P., Lond., Senior
Physician West-End Hospital for Nervous
Diseases, Welbeck Street, West; and Presi-
dent-Elect of the Medico-Psychological
Association of Great Britain and Ireland.
London, England.



Silas Hubbard, M.D.

Graduate Castleton Medical College, Castleton, Vt., 1842; Physician and Secretary to Buffalo City Dispensary, 1850 to 1855; Member of the Buffalo City Medical Society, 1842 to 1855; Vice-President 1852 to 1854, and Delegate to the American Medical Association, 1852; Member Erie Medical Society, 1842 to 1855; Member McLean County (Illinois) Medical Society, 1855 to 1880. East Aurora, N. Y.

THE MEDICAL BRIEF

A Monthly Journal of Scientific Medicine

THE LARGEST CIRCULATION
OF ANY MEDICAL JOURNAL IN THE WORLD

J. J. LAWRENCE, A. M., M. D.,
Editor and Proprietor

Terms, \$1.00 a Year, in Advance
SINGLE COPIES, 10 CENTS

Foreign Subscriptions (Postal Union), 7s. 6d.

NINTH AND OLIVE STREETS
ST. LOUIS

ASTOR COURT BUILDING
NEW YORK

Foreign Office: Auckland House, Basinghall Ave.,
London, E. C., Eng.

VOL. XXXIII.

ST. LOUIS, MO., JUNE, 1905.

No. 6

Editorial.

Cerebro-Spinal Meningitis.

This disease is very prevalent and unusually severe this year. Who can tell us why? Is it due to a modification of atmospheric conditions resulting in over-stimulation, such as is produced, for instance, in a lesser degree, by the electrical disturbance known as a thunderstorm? We all know how the atmosphere is freshened, made more buoyant and exhilarating by Nature's convulsion. A cold wave has a somewhat similar effect.

A condition of over-stimulation, topped by a wet spell, tries the nerve centers severely. Many of the cases on record give a history of feeling unusually well before the attack. The high winds which prevail at this season probably play some part in the etiology of the disease, as this is the time when it makes its appearance. We all know the peculiar effect of March on the animal kingdom. The expression, "Mad as a March hare," is an old one,

showing that natural conditions are responsible for the over-stimulation.

What is the exact pathology of the disease? Is there a congestion of the spinal centers, as well as of the meninges? The chills and fevers and darting pains would tend to indicate this. What is its relation to grip, if any?

The spine, as a factor in disease, does not seem to receive the attention that it should. As lesions which affect this organ are so often and so promptly followed, when the acute stage passes, by paralysis, with degeneration of tissue or death, it is necessary that efficient treatment should be inaugurated at the earliest possible moment.

Cerebro-spinal meningitis offers a big field for study. The man who shall devise a successful treatment for the disease will win renown and the lasting gratitude of those who are now groping in the dark for some means of relief.

If any physician who reads this has a treatment for spotted fever which has proved successful, he will do mankind a service by making it known through the various medical journals.

The subject is one which merits the most painstaking investigation. The disease is attended by frightful suffering and if the patient lives, he is usually stricken in some way. Many are made blind or deaf, or otherwise injured for life.

The Editor has never treated a case of this disease and admits that he knows nothing about it. We would very much like, therefore, to hear from somebody that does know.

Has any one used bromides persistently in this disease? Is it really infectious?

Begins to Kick.

In a recent book about America, the author, Carl Zimmerman, abuses Americans in every possible way. The fact is these fellows in Germany are becoming disgusted because they can no longer hoodwink the American. That is where the shoe pinches. When the calculating man finds that he can not make the other fellow do as he pleases or use him in any way, he begins to see his faults in large type.

Mr. Zimmerman says the American thinks only of self and self-advancement. Naturally, we like to govern ourselves instead of turning the job over to the other fellow. We are brought up in an atmosphere of liberty, taught to be self-reliant, energetic and progressive from the cradle.

He goes on to say that we disregard the feelings of others. It is true we do not accept all the fads which crop out in Germany from time to time, and this makes them feel bad, of course; nor do we allow ourselves to be exploited by German commercial houses to the extent they would like.

Nevertheless, we appreciate the German character when it has been acted on by the broadening influences of American liberty. Some of our ablest physicians are recruited from the professional ranks of Germany and we have no better citizens than the Americanized German. This same German-American is the most merciless critic of provincial, autocratic Germany, when he revisits the land of his nativity, after a few years under the American flag.

The German who makes his home in America has the same thirst for liberty which our forefathers felt—the thirst engendered by a cramping, restricted environment, an atmosphere made oppressive by too much law and rampant militarism.

When he goes back to Berlin, after a few years of American life, the man born and bred in Germany makes more fun of her peculiarities and provincialisms than we do. In fact, the native American has a certain respect and admiration for a people having so many sturdy traits, and knows how to make allowances for the narrowing influences of their home environment, but he will not be worked, nor will he submit to the dominion of the foreigner, now that his eyes are open to the uses to which his continental brother would put him.

The fact is, the American has been altogether too good-natured and compliant in the past. He has been looked upon as an easy proposition. Now that he is developing an unexpected self-assertion and determination to protect himself, the foreigner is disturbed and proceeds to give us a lively rating.

The patriotism of our German-American citizens affords a truer estimate of American character and methods than the spleen of the German in his native land, disturbed in his commercial calculations by the revelation of American independence and ability to look out for their own interests.

It requires little penetration to discover the inspiration of this book and to discredit the sentiments of the author as being unfounded.

To Make Rules for the Other Fellow.

Some people take a queer position in joining hands with the continental foreigner and the substitutor to make rules for the other fellow. For illustration, the Editor was asked the other day, "What do you think of the effort to make the manufacturer give his working formula, as required by the American Medical Association, for publication in a semi-official directory?"

We replied that we should regard the manufacturer who complied with this re-

quirement as a fit candidate for a lunatic asylum.

When the manufacturer informs the profession what his preparation is made from, so that its properties and indications may be clearly understood, that is all the knowledge needed for practical purposes. Any further information can only benefit the substitutor and injure the doctor by vitiating his results.

The Editor has in mind one preparation, which he has used off and on for twenty years with admirable results. He knows from personal experience that a prescription for this remedy does not yield the same product, either pharmaceutically or therapeutically. If the working formulas of all our standard remedies were common property it would multiply the uncertainties of practice a thousand fold.

Another illustration. We all know that the green root of *stillingia sylvatica*, made into a tincture or decoction, will cure the worst forms of syphilis. This was proved during the civil war. If, now, a manufacturer made a reputation for a preparation made from the green root and the process of manufacture became common property, many times it would be made from the old, dry root, and the remedy would suffer in the estimation of the profession.

It is perfectly useless to say that one man can make a preparation as good as another. Any man who stops to think a moment knows that this is not so. The only way to have a thing standard is to keep its manufacture in the hands of those who made a success of it, who have the knowledge, experience, skill, pride, traditions, to guide them in their work.

Do you suppose that miscellaneous whisky is as good as that of a man who makes his name a guarantee of quality? Do you not know that miscellaneous whiskeys often contain wood alcohol? Miscellaneously-made drugs would be open to the same objection.

It pays from every possible standpoint to encourage the manufacturing chemist who is willing to devote his time and money to making and introducing a few high-class remedies. It pays in regard to drugs and foods and wearing apparel. Where does it not pay in an age where a

trade-mark represents special excellence and advanced ideas?

If you buy woolen underwear which has the maker's name on it you know it does not contain any cotton. The man can not afford to jeopardize his reputation. If you buy one of McBeth's lamp chimneys it is almost impossible to break it. If you buy Armour's breakfast bacon every slice has the same crispness and delicate flavor. If you buy oranges packed under one label every orange is exactly alike.

Communism is always retrogressive. The only way to establish reliable standards, to enable the consumer to "get his money's worth," is by specializing.

No doctor is going to be scared out of using a remedy which has been on the market for years, and which he has used hundreds of times with good results, merely because it is not endorsed by the A. M. A. The doctor can see for himself that it would be folly for the manufacturer to reveal his process for the benefit of the makers of spurious imitations and to the detriment of the remedy.

It is absurd and futile to ask a man to give away his property for any reason. No sane man would listen to such a demand. A remedy must stand on its merits anyhow, not on the endorsement of anybody.

This meddling interference with other people's business has gone far enough. It has neither reason nor justification. It is un-American and intolerable.

The American medical profession does not want to be drilled and schooled to all think and act alike. English and American doctors are the best in the world, have made practically all the progress, just because they dare to differ, to question, and to think for themselves.

Feeding Children.

Do not forget that the baby outgrows his food, just as he does his clothes, and that timely additions to his dietary are a valuable means of preventing scurvy, rachitis, diarrheal disturbances and other diseases of dietetic origin.

Many children are peevish and ill-tempered because they are improperly nourished. A revision of the diet, with sulta-

ble additions, will satisfy the child and transform it into a happy, crowing youngster. A healthy child has an instinct for sweets and this should be gratified in moderation. Honey is one of the best of sweets, or a little good butter scotch, or sweet chocolate, may be used.

It is better to overfeed than to underfeed a growing child. Over-feeding is less apt to occur with a properly selected diet, for the child will be satisfied with a lesser bulk of food. It is not a good plan to feed children on thin soups and similar fluid foods, as they are filled before the demand for nourishment is satisfied.

Children often eat too much meat, resulting in abnormal stimulation of the nervous system and imperfect nutrition of the bony and muscular framework of the body. This is often a cause of bed-wetting. Cereals, potatoes, whole-meal bread, milk, eggs, cheese, the pulses, nuts, green vegetables and salads furnish the elements of growth and repair in a satisfactory form.

When children lose appetite, instead of pampering them with injudicious indulgences, try feeding them nothing but fruit for a day or so, when appetite will quickly reassert itself unless some disease is incubating.

Children who are properly fed will suffer little, as a rule, from toothache, headache, nerves, broken sleep, etc. Proper ventilation, daily outdoor exercise and regular meal times are all essential to appetite and good digestion.

It Is Too Bad.

The doctor occupies a unique position. He lays down rules for the betterment of other people, but can not keep them himself.

For illustration, the doctor knows better than anybody else that hurry is bad for a man. When the business man calls him in and describes his mental agitation, difficulty in sleeping, irregular heart action, indigestion, and so on, the doctor tells him he must cultivate placidity, never be in a hurry, take his time about eating, etc. Then all of a sudden an anxious look gathers on his face, he hurriedly glances at his watch, says, "Well, I have no time to lose, there are a lot of patients waiting

at my office," and off he rushes. Ten to one, if he gets any mid-day meal at all, it is bolted at a rate that would make the business man burst with envy.

If you remonstrate with him, he will say, "But I must look after my patients. They depend upon me." No; he hasn't time to take care of himself, the good doctor, he is always busy looking after other people, but he has to take time to die long before the natural expiration of his period of usefulness, and if anybody deserves to visit those "glory-gilded banks of Paradise" we are told about, it is the self-sacrificing doctor, who is always in a hurry ministering to the needs of others.

If he reads this he will feel as though he had been stealing sheep, for he is as modest as he is good, and takes it as a matter of course that he should devote his life and powers to a service which is often thankless and ill-paid.

The doctor's generosity is matchless and his sense of benevolence is often his own undoing.

Not long since we dropped into a friend's office and overheard him saying: "But, my dear madam, why did you not have the prescription filled?" And saw him slip a half dollar into the patient's hand as she murmured some response, and say, "Have it filled at once. It is important to lose no more time."

When we hear the preacher talking about going to heaven, we always think, "What a mustering ground for doctors," for if any one goes, they are sure to be there in force.

[Written for the MEDICAL BRIEF.]

Reminiscent Chats.

BY OLD DOC.

Hello, boys, fine weather. Seems like old Sol is going to make up for all he didn't do last winter. Wonderful how pains and aches do disappear in the sunshine. Beats all the anodynes man has ever discovered.

Say, boys, I want to give you a pointer in the preparation of vegetable foods. Most folks boil 'em in considerable water, which is then thrown away. This water contains many of the salts, extrac-

tive matter and so on, which are good for the patient. A better plan is to cook the vegetables by steam. Put them in a shallow, perforated vessel, with a top to it, and set it over a saucepan containing boiling water. The vegetables will be cooked equally done, they will have more flavor and retain all the principles so valuable to the system. Potatoes should be steamed or baked with their jackets on.

While I am on the subject of food, would say that bread made from the whole wheat kernel should be eaten at least half the time and by growing children all the time.

Wheat contains, as you all know, potash, lime, soda, magnesia, phosphoric and sulphuric acids, chlorine, etc. These substances, so important and necessary, are found principally in the outer envelope of the kernel, and hence are not present in white flour. Undoubtedly, the bony framework of the body and the dentine would be stronger and denser if furnished with the right kind of nourishment and in sufficient quantity.

Another thing I might say, and that is you may expect patients to go on suffering from anemia, no matter how much iron you dope out to them, if they do not get enough proteid food. Meat, milk, eggs, these are the blood-makers. Also, they must have water good and plenty. Fruit juice is even better than water in some cases—in fact, it is organic water.

I notice the Editor is having a good bit to say about the importance of diet, preparation of foods and so on these days, with all of which I heartily agree. Accordingly, I will quote an old and valued recipe for making bran jelly, which is fine for the nerves.

Add two cupfuls of water to one of bran, place in a jar, cover and set in a slow oven for four or five hours. Press the liquid through a sieve, add sugar and lemon juice and set away in a cool place for the night. Next morning the jelly will be ready for use.

Say, boys, don't overlook the value of a little *nux vomica* as a setting-up remedy in the summer time. The vomiting, purging and weakness which comes from sensitive and relaxed states of the digestive tract yield very nicely to *nux*.

A reliable fluid preparation of *scutellaria* has a direct controlling influence over the centers of brain and spine, lessening irritation and improving their nutrition. Whenever nervousness accompanies and perpetuates ill-health, patients improve on *scutellaria*.

Say, you'll find *pulsatilla* first-rate collateral treatment in sexual diseases where the mind is apprehensive, the patients exaggerating all symptoms, fearing this, that or the other.

When in doubt whether you shall give *podophyllin* or *calomel*, remember that if the stools are dark *podophyllin* is indicated; if pale, *calomel* will give better results.

Say, tincture of myrrh is a fine local application in chronic pharyngitis when the parts are pale and relaxed, uvula elongated, tonsils enlarged and spongy, gums soft and ulcerated.

Sulphite of magnesia acts better than the soda salt in patients suffering from a zymotic poison in the blood, if the tongue is a dark red or covered with brown fur. Where the soda salt is indicated the tongue is always broad, pale and has a pasty white coat on it.

Say, boys, you will get fine results from *macrotys* in neuralgia of a rheumatic character.

Give *xanthoxylum* a try when the mucous membranes are constantly oozing from weakness and relaxation.

Say, try a reliable extract of witch-hazel as a local application to relieve burning and itching eruptions.

For chronic weakness of the bowel in babies, try boiling the root of *geranium maculatum* in the milk. Use one or two roots to each pint of milk. It has no taste and acts fine. Try it, boys.

Wry-neck is a painful affection. Strips of belladonna plaster applied over the affected muscles will sometimes give prompt relief. *Gelsemium* internally will help you out if there is no depression.

Many persons complain that iron gives them headaches. In such cases change the preparation, reduce the dose and keep the bowels open. Sufferers from gout and rheumatism often can not take medicinal iron and you will have to trust to their getting enough from fruits and vegeta-

bles. Arrange the diet with this end in view.

Another point. Salts of iron cause a teasing of the bladder in some persons, and they may result in enuresis in the case of children.

Say, boys, you'll get much better results from ointments, as a rule, if you use a cream made from almond oil stiffened with a little wax, instead of lard, as a base. Suet may also be tried out and used with the oil. I find either of these preferable to lard or vaseline.

Don't forget the value of stillingia and preparations containing stillingia, in syphilides.

Well, so long until next time.

[Written for the MEDICAL BRIEF.]

Cerebro Spinal Meningitis.

BY ANNIE K. BAILEY, M. D.,
Danbury, Conn.

Cerebro spinal meningitis, or spotted fever, is caused by "a change in the constitution of the blood," or "deterioration of the blood caused by a gradual accumulation of nitrogenous waste products therein," which poison acts as a severe irritant upon the sympathetic nervous system, or by diminishing the action of the vaso-motor center, and through vascular innervation of the capillaries, causing the characteristic hemorrhagic spots. On this ground the treatment from the beginning should consist of ten grains of potassium acetate and five minims of fluid extract hyoscyam, in a tumblerful of water every three hours, until three or four doses are taken, the virtue of potassium being the excretion of effete matter, hyoscyamus acting beneficially on the vaso-motor fibers of the sympathetic system and efficacious where great motor excitement or spasms is threatened. In the intervals give tincture of the green root of gelsemium as the most important remedy for congestion of the brain, spinal cord, inflammation of the meninges and averting spasms. Use ten drops in half glass of water; of this one teaspoonful every fifteen minutes, half hour or hour, according to severity. Also give arsenic (Fowler's solution) at least

one minim three times a day, its specific virtue being to maintain the normal standard of the undamaged red corpuscles. Gentlemen of the profession, give this treatment a trial and report results through the columns of the BRIEF.

The deterioration of the blood, which is an essential factor in spotted fever, is also caused by a solution of the red corpuscles which manifests itself in the hemorrhagic spots and is due, in a proportion of cases, to the pernicious effects of coal tar products, in no sense medicines, especially acetanilid, phenacetin, trional, etc., the toxic substance acting not only on the blood, but the nervous system. The disease in truth expresses "the reaction of the organism, not the action of the so-called germ." I am convinced the cause is within and not by any means essentially without, and investigation should be made on these lines. The germ theory on all occasions is a fallacy. The true cause lies in another direction.

[Written for the MEDICAL BRIEF.]

Syphilis.

BY GEO. O. HUGHES, M. D., M. R. C. S. AND
L. R. C. P. (ENG.),

Winnipeg, Manitoba, Canada.

In reading your paper of January, 1905, page 90, I notice a question by an Oklahoma correspondent *re syphilis*.

Having specially studied that subject at Vienna, I should like to call attention to Professor Finger's views. He considers that soft chancre is generally complicated by an "Hunterian."

It would not be wise to pronounce the patient free from the disease, because of the absence of syphilitic symptoms for six months, as they are often absent for a longer period in those who live a healthy out-of-door life, but appear later in life. Besides, many medical men, when in doubt, give intermittent treatment, which also prevents the development of definite signs.

Still if all symptoms are absent for a year, and no treatment having been given during that time, you are justified in giving the patient the benefit of the doubt.

THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.,
EDITOR AND PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

NEW YORK OFFICE, ASTOR COURT BLDG.

FOREIGN OFFICE:

AUCKLAND HOUSE, BASINGHALL AVE., LONDON, E.C., ENG

Vol. XXXIII. June, 1905. No. 6

SUBSCRIPTION RATES—INVARIABLY IN ADVANCE.

United States and Canada, . . . per annum, \$1 00
Foreign (Postal Union), . . . " 7s. 6d

These rates include postage.

Advertising rates sent on application.

All subscriptions will be discontinued at expiration unless renewed.

The Medical Brief will not be sent unless paid for in advance.

One Dollar per year in advance.

Write only on one side of the paper.

See how short and plain you can write.

Write articles intended for publication, and matter for editor, on separate pieces of paper.

Articles sent for publication in the MEDICAL BRIEF must not contain more than seven hundred words. Short, practical, brief items always wanted.

The MEDICAL BRIEF is mailed on the first of each month. If a number fails to reach you we will supply it, provided we are notified within a month.

The Editor is not responsible for the articles of contributors. The MEDICAL BRIEF aims to publish articles on both sides of a question.

MEDICAL BOOKS.

We supply any MEDICAL BOOK, no matter by whom published, post-paid, on receipt of publisher's price. Send for our Catalogue.

Address, MEDICAL BRIEF, St. Louis.

The MEDICAL BRIEF has the largest paid circulation of any medical journal published anywhere.

[Written for the MEDICAL BRIEF.]

Incipient Insanity.

BY T. OUTTERSON WOOD, M. D., F. R. C. P.,
EDIN.; M. R. C. P., LOND.,

Senior Physician West-End Hospital for Nervous Diseases, Welbeck Street, West; and President-Elect of the Medico-Psychological Association of Great Britain and Ireland.
London, England.

[No. 1.]

Both in hospital and in private practice, cases of incipient insanity are frequently met with, and as frequently the significance of the symptoms presented fails to

be recognized. It is in the early stages of insanity that the greatest difficulty is observed in detecting departures from the normal which may constitute unsoundness of mind. Nor is this to be wondered at, for the practitioner has probably had no knowledge of the individual in his normal state of health, and has therefore no means of comparing his altered (morbid) condition with his natural healthy self.

There may be alteration in manner, changes in likes and dislikes, warped affection, nay, even positive delusions may exist, and yet the abnormal mental state may pass unrecognized, and the complaints of the patient himself (if indeed he makes any), that he suffers from restlessness, giddiness, inability to sleep or to work, be accounted for as the result of some gastric, hepatic or other disturbance of the system.

It is only by a careful cross-examination, and by pushing our inquiries into the statements of our patients back to their "first cause," that we begin to find his conclusions are erroneous and based upon imaginary ideas.

Conditions of Excitement.—Take, for instance, the incipient stage of general paralysis of the insane. The patient is bright, cheerful happy and contented; he looks well, and tells you there is nothing whatever the matter with him, and that he only comes to consult you because his friends are under the delusion there is something wrong with him. He is coherent, plausible, and converses readily upon general subjects, and will discuss with you, even brilliantly, the topics of the day. His memory is good, and he takes a sanguine view (though not excessively so) of himself and his surroundings. As presented to you, you can discover nothing to account for the alarm of his friends as far as his mental condition is concerned. Then you subject him to a physical examination. You find one pupil is larger than the other; there is a variation from the normal in his knee-jerks, one perhaps a little plus, and the other scarcely obtainable; there is a slight tremor of his facial muscles when contracted, and, if there is an early development of ataxic symptoms, he does not stand steadily with his eyes closed when his feet are placed together; that, al-

though he is positive as to his healthy condition, he has not been able of late to take such continuous and extended exercise as formerly; that in business matters there have been found errors in arithmetical calculations, and in estimating the lapse of time, so that his employers have had reason to complain to his friends of his remissness, which has been put down to other causes.

When you cross-question his friends they will tell you he is "far too well;" that he thinks he can do things which he formerly would not dream of attempting; that he estimates his income and social position too highly, and that he has been buying things of late for which he had no real need. He has been noticed to be irregular in his habits, whereas formerly he was most punctual and methodical; he has latterly been staying out at nights, and not rising so regularly in the mornings. There has been nothing really to complain of in that respect, but *for him* the change in his habits has been most marked.

The general symptoms are all trifling, but they are many, and when taken together with the objective symptoms above mentioned, they point to a grave condition, especially if there is—as there will in all probability be—a history of syphilis. I have briefly outlined the earlier symptoms of a case of general paralysis of the insane because they are of importance to the physician in that they require most careful attention to help him to arrive at a true estimate of the ultimate progress of the case. It is true that in many cases of mental unsoundness a condition closely resembling early general paralysis is to be found, and I have therefore sketched out the groundwork of a case of early general paralysis, so that it may form a basis upon which a differential diagnosis may be formed. And here arises a difficulty. In most cases of incipient mania the symptoms run in the same line; there is a condition of mental exaltation, a feeling of *bien-être*, and a tendency to take a rosy view of life, and yet this may not be general paralysis, but a transient phase of incipient mania. So, again, in the early symptoms of alcoholic insanity we trace a likeness to the early general paralysis, the restlessness,

the exalted notions, the anxiety to be at business, which can only be undertaken with innumerable errors and mistakes.

A careful investigation into his previous history and the history of his family will help to elucidate matters. If the mental condition of his parents or near relatives has been such that a hereditary taint can be clearly traced, and if the physical symptoms are not in keeping with those enumerated above, and if there is no specific history, there will be reason to hope for an attack which will probably end in temporary recovery. If, however, the physical symptoms are present with a specific history, then the case will be in all probability one of incipient general paralysis.

Treatment.—This will be medicinal and moral. The purely medical treatment will be to restrain excitement, to procure sleep, and, if there is a specific history, anti-syphilitic. The latter is of the greatest importance. Wherever a history of syphilis is obtained, the first indication will be to check the progress of the disease in the cerebral arteries. In a series of cases of general paralysis where *post-mortems* were made by Dr. Mott, the pathologist to the asylums of the London County Council, he found a diseased condition of the cerebral arteries even in most recent cases. This condition he calls "whipcord-like." It is important, therefore, that our treatment should be directed towards minimizing the tendency to this specific endarteritis. Iodide of potassium with liquor hydrargyri perchloride should be pushed until the physiological action of mercury is procured, and the iodide gradually increased as it can be borne. If there is restlessness and the excitement is marked, bromide of potassium can be added with benefit. In all cases, whether a specific history maintains or not, the indication will be to keep up the general health by nutritious non-stimulating diet and a careful attention to the natural functions of the body. The *moral treatment* will be plenty of exercise in the open air short of overfatigue, with light and amusing occupation. Removal from home and relatives under the care of some person experienced in the management and treatment of such cases will be followed by

the best results. Change of scene and surroundings in all cases being of the greatest importance, a visit to friends in the country and giving up all mental work for a time may be adopted among our poorer patients who can not afford the luxury of trained expert supervision. By these means an impending attack may be warded off and a return of the mental equilibrium procured.

MENTAL INSTABILITY IN EARLY ADULT LIFE.

I will now deal with another class of cases which taxes to the utmost the skill and resources of the physician and the patience, forbearance, tact, and attention of the friends. I allude to those cases of incipient mental disorder occurring in single women up to thirty or thirty-five years of age. The subjects of this special form of disorder are usually of a highly neurotic type, and their family history shows a strong predisposition to mental disease. They exhibit, but, of course, in a minor degree, the want of self-control, the disregard for the feelings of others, the ideas of self-importance, and the unreasonableness of the more advanced typical cases of certifiable insanity which are described in the text-books. They form, however, a considerable percentage of the so-called borderland cases—cases in which alteration in manner, waywardness, impulsiveness, impatience of control, inclination towards excess, violent emotional displays, and the many phases and vagaries of the hysteric, are strongly in evidence, yet withal, remaining, be it by ever so little, on the sane side of the line, defying certification, and being, as it were, what I venture to term sensibly insane. They are perfectly coherent, and free from delusions or hallucinations, but with extreme views of things in general and of themselves and their surroundings in particular. In a large number of these cases there is considerable disturbance of the sexual functions, many of them being confirmed masturbators, so that their conduct and conversation have generally a tendency to revolve round the sexual aspect of things, often to the verge of indecency, despite the controlling influence of the presence and watchful surveillance of friends and relatives.

Another feature in these cases is want of self-confidence; the patient can not

make up her mind to do any definite thing. She will even become engaged to be married, and after a few weeks will break off her engagement without any sufficient cause, probably giving as a reason that she is afraid she did wrong, or she thinks herself unfit to marry, or to undertake household management. Then she regrets, and if opportunity occurs she will become engaged again, only to revive mental uncertainties and to bring on other regrets. These patients are frequently the subjects of disordered sensations, and complain of tingling, startings, pains and numbness, etc., in different parts of the body.

A case illustrating the eroticism in these patients is that of a young lady of high family, twenty-eight years of age, who was brought to me in a great state of excitement. She was in charge of an asylum-trained medical nurse, whose power of moral control over the patient was excellent. She was voluble, talking rapidly, but coherently and well; expressed herself as anxious to be off abroad and to be doing something; takes up various occupations, and soon tiring of them, she tries others. She is restless at night and her companion reports that she masturbates frequently and that she seems to have the idea that every man she meets is in love with her, though when I questioned her upon the subject she made guarded irrelevant replies, and would not commit herself. This was her second attack, and other members of the family have been under care. In three months she recovered, and eventually married.

Another good example of these borderland cases is that of a lady thirty-five years of age, sent to me from the north of England. Her illness was said to have been first noticed by her family six years ago, when, traveling in a train, the feeling came over her that she could not sit still, and that she must scream. She vainly tried to stop the train, and the feeling gradually passed off. Since then she has had five or six similar attacks, the most severe being a fortnight before I saw her, when she awakened out of her sleep at 2:30 A. M. with the thought that she was going out of her mind. She jumped out of bed, and rushed about the

room in dire alarm. A sleeping draught, however, brought temporary relief, but all the next day she was in a state of intense excitement, and could not help thinking she was going out of her mind. Her doctor says: "She has been engaged to be married twice, and has behaved very strangely, not knowing her mind many days together, and has on each occasion broken her engagement off. She is now engaged for the third time, and is just as changeable." The family history on both sides is bad, and she has a sister in an asylum. The patient was perfectly calm and collected when she came to me. She was accompanied by a hospital nurse, and she gave a clear and concise statement of her thoughts and sensations. Beyond the fact that both knee-jerks were exaggerated, and that the pupils were somewhat dilated (though they were equal and acted to light and accommodation), a careful physical examination revealed nothing abnormal. The prognosis in this case is favorable.

A prominent feature in these cases is *agoraphobia*, a dread of being in a large or open place, or a large space filled with people, such, for instance, as a church or theater. The fear becomes so overwhelming that the patient must rush out of the place. In one case where the patient could not get out of church, she jumped up and screamed at the pitch of her voice, alarming the congregation and creating the utmost confusion. She said she felt as though she was going to die, and must get out. This patient had also an extreme dread of traveling by the railway, because the fear that she could not get out of the carriage if anything went wrong was so great. On one occasion she actually stopped the train, got out, and sat down on the railway embankment, allowing the train to proceed without her, and she ultimately drove by road to her destination. On another occasion, when staying in town, she dare not leave to travel home with her sister, and I had ultimately to take her down myself, accompanied by her sister and lady companion. She recovered, and is now married.

I think it well to give one more instance of this distressing mental condition, and it is peculiarly distressing, more especially to the patients themselves, who

are, as a rule, exceedingly bright, intelligent, clever and attractive in all other respects; but they themselves recognize the mental disorder without seeming to have the power to correct it. In the case I am about to mention, the want of self-control, the irritability induced by actions that are admittedly strange and unaccountable, and uncontrollable, the vain regrets, and vacillations, are well marked. The case is that of a lady of twenty-five years of age, the elder of two children. The home surroundings were bad, and the father died a confirmed dipsomaniac. Her illness seems to date from the age of sixteen; she was then studying hard, but from "overwork" her memory became uncertain, so that she could not remember what she read. During the last year or two her memory greatly improved, but she became abnormally quick and sensitive in temper and disposition, developing at times into extreme irritability. She suffered from facial neuralgia and insomnia. The general health was weak, she was poorly nourished and she suffered much from constipation and dysmenorrhea. After a time, under the exhibition of aloes and iron, and cod-liver oil and malt, the general health improved, and she wrote out for me a list of her mental weaknesses, which I can not do better than quote verbatim. She complains of: "(1) Fear of distance; (2) of *losing sight* of persons or things, whether animate or inanimate; (3) fear of being too late as to trifles; (4) fear of forgetting anything; (5) a feeling that I may do something dreadful suddenly, and must have those around me capable of exercising control; (6) a morbid persistency in calculating everything I see, hear, or do; (7) a horror of strangers, and sometimes of friends; (8) a dread of being shut up in a room (congenital). Nos. 2 and 8 are the most distressing. I suffer at times from neuralgia, and have still a tendency to insomnia. Besides being in a highly nervous and irritable state, all the senses seem painfully acute."

Such is her own account of her mental condition. The fear of losing sight of persons was extremely acute. She would stand looking out of the window, and when she saw anyone passing she said it made her feel extremely unhappy when

they became lost to sight. The feeling of unhappiness at the loss of the sight of things made her disinclined to eat her food, she says; the feeling seems to be hovering over her, and she says she "can not get rid of it." Again, the morbid persistence in calculating also interferes with her eating. She can not swallow a mouthful of food at times until she has done some arithmetical calculation. The dread of being shut up in a room (*claustrophobia*), which she describes as one of the most distressing of her symptoms, is, she says, a congenital condition; she has had it all her life. This patient came to me at the time I was conducting investigations into the phenomena of hypnotism as a member of the committee of investigation of the British Medical Association; I hypnotized her frequently, and there can be no doubt as to the benefit she derived from hypnotic suggestion, which materially aided in the ultimate improvement in her condition. This lady is now married, and a mother. In her account of her mental troubles she omitted one which at times caused her considerable annoyance; she suffered from obsession, *i. e.*, she was a slave of imperative ideas. In walking along the street she would every now and then feel impelled to step upon the markings upon the pavement, and if she missed one she would endeavor to pop back unobserved, put her foot upon it, and go on again contented. This is a much more common condition in cases of mental disorder than is generally supposed, but it must be recognized to be more an idiosyncrasy than evidence of disease.

With regard to *causation*, hereditary predisposition to nervous and mental instability naturally plays the most important part, and hinging upon it is the defective training of the young mind. The neurotic parents beget neurotic children, and they are brought up on neurotic lines. Can we wonder, therefore, that as womanhood dawns we find the ability to govern conduct is defective, that the will is uneducated, and that mental and physical control are wanting? It requires no special knowledge to foretell the future of the "spoilt child," the neurotic offspring of the neurotic; the wards of our lunatic asylums are crowded with them.

The education of the will is of vital importance in the training of the young, and it is the mature judgment resulting from it that builds up the restraining influence upon actions and impulses which will forego immediate gratification for ultimate good.

Treatment.—It will be readily gathered that if early defective education and surroundings, which have had such a serious effect upon the formation of the youthful character, are allowed to continue, the morbid manifestations will become more and more pronounced as time goes on; and if the ages of puberty and adolescence are struggled through, it will only be to leave the unhappy subject on the borderland of lunacy. Our first care will, therefore, be to advise the removal of the patient from home surroundings and influences into a healthy mental atmosphere, such as will be afforded by placing the patient in the family of a medical man, where unconsciously the regularity and discipline of a well-ordered household will have the effect of bringing into play the mental inhibition so long neglected, and where, under the watchful eye of the practitioner, the general health of the patient will receive careful attention. Bad habits will thus be checked and controlled, and in the bright and cheerful companionship of well-regulated minds healthy mental action will be encouraged and promoted. This procedure is, however, necessarily a question of considerable expense. Should, therefore, the means of the patient's friends be unable to provide the necessary funds, there is a second course open to us; for there are ladies, well trained and experienced, who provide homes for such cases, and devote themselves to their care and treatment. There are many of them scattered about the country doing excellent work in this way, and for those cases where bad habits and erotic tendencies are marked they are in every way excellent. Should either of these plans for some reason or another be impracticable, we have still a third alternative, which answers well in certain cases, *viz.*, to send our patient from home in the care of a trained mental nurse or companion. They can travel about from place to place, living in apartments or hotels, and so obtain varying change of

scene and surroundings, as the nature of the case may require. Among our poorer patients, one recommends, *faute de mieux*, a visit to friends or relatives at a distance, where our medical treatment can be carried out with better prospect of success.

With regard to special treatment, it must be hygienic as well as medicinal. While correcting the general health, our aim must be to allay prominent symptoms, and at the same time remove the special causes which underlie them. For *insomnia*, regular exercise, short of fatigue, and living as much as possible in the open air by day, with cold baths for sthenic cases and tepid for the neurasthenic, will greatly help us, and above all things congenial physical occupation and rational amusement, such as games of all kinds suitable to the physique of the patient, are to be encouraged. Should want of sleep continue, sulphonal or trional will be found, as a rule, to act well; and if there is early morning restlessness, say at three or four o'clock, a cup of milk or beef tea with a biscuit taken on awakening will often be followed by quiet and refreshing sleep. Where excitement runs high, it can generally be controlled by the judicious exhibition of bromide, say bromide of ammonium in doses of from ten to thirty grains, according to the condition of the patient, always commencing with the smaller dose—this, together with three to five minims of liquor arsenicalis to prevent the skin being disfigured by bromide rash. Tinct. nucis vomica, five minims, with sp. chloroform, fifteen minims, as a stimulating tonic, and aq. cinnamomi, ad one drachm. This combination will steady the nerve centers, while improving the general tone of the system. For the relief of pains of a neuralgic character, phenacetin, four grains, and caffeine citrate, one grain, in the form of a pill or tablet, will give great relief, and at the same time will calm, without depressing. Two tablets will usually be found sufficient but if the pain is not relieved, they can be repeated.

In erotic cases where the patient practices self-abuse, I have found the addition of liquid extract of salix nigra in half-drachm or drachm doses to the bromide mixture of great benefit, but all medical

treatment *must* be backed up by constant supervision by night as well as by day, and in pronounced cases I always have a nurse on duty all night as well as the day nurse, for it is at night the greatest care is necessary to check the vicious habit; our efforts will be in vain if we neglect this, the most important of all points in our treatment.

In conclusion, I would sound a note of warning. These patients, as a rule, are brought to the doctor when their bad habits have long been confirmed, and it is not until the family is threatened with some scandal that their eyes are opened to the fact that they have been allowing the mental condition of the patient to run riot for years unrecognized, and the physician must therefore be on his guard against expressing too hastily an opinion either as to the duration of the disorder or to the ultimate recovery of the patient.

[Written for the MEDICAL BRIEF.]

Suicide.

BY SILAS HUBBARD, M. D.,

Graduate Castleton Medical College, Castleton, Vt., 1842; Physician and Secretary to Buffalo City Dispensary, 1850 to 1855; Member of the Buffalo City Medical Society, 1842 to 1855; Vice-President 1852 to 1854, and Delegate to the American Medical Association, 1852; Member Erie Medical Society, 1842 to 1855; Member McLean County (Illinois) Medical Society, 1855 to 1890. East Aurora, N. Y.

Many are the motives for suicide—loss of property, loss of friends, disgrace, poverty, treachery of friends, disappointment in love affairs, ill-health, despondency, etc., etc.

Zeno, an ancient philosopher, advocated the right of a man to kill himself. Robert Ingersoll did the same thing. The Japanese are taught to do the same thing under very straitened circumstances, and very many of them have done so rather than fall into the hands of the Russians as prisoners.

The Hindoos have long considered it a merit to commit suicide from religious motives.

The American Indian commits suicide frequently. The negro rarely. The German and German descendants frequently commit suicide. The Irish less. The

Russians and Hebrews much less. The native Americans much less than any of them, except *race suicide*.

What men desire to do, they satisfy their conscience is right. Nearly all the suicides that have been committed, the parties have satisfied their conscience that it was right.

It is very true that very many suicides come from insanity, but the greater portion are by rational beings. Poverty is a great cause of suicide, but even millionaires occasionally commit suicide.

The brachycephalic races and people commit suicide oftener than the dolichocephalic, *e. g.*, the Mongolians, Germans and American Indians are generally brachycephalic.

The negro, English and native Americans and Russians and Hebrews are generally dolichocephalic, and do not commit suicide as often as the first named, all of which I will not now stop to explain. I will merely say that the dolichocephalic man is not by nature as selfish as the brachycephalic man.

There is a species of suicide prompted by the same feelings, reasons and motives as the ordinary so-called suicide, *viz.*, dissipation on alcoholics and drugs; which also frequently ends up in violent, sudden suicide.

Prevention of Suicide.—To make a proper use of the religion of Christ is the best way to prevent suicide. To have all our motives dictated by His will and revelation and example, would surely prevent suicide.

A stream can not rise higher than its source, and the trouble with men generally is they never try to rise higher than themselves. If they love Christ supremely then will they obey His commands, but if they love self supremely and rely on self supremely, then when the evil hour comes they are tempted to suicide to get out of trouble.

Many more men commit suicide than women; men are oftener brachycephalic than women. Women are much oftener dolichocephalic than men. Men being more selfish than women, is one cause of their suiciding oftener.

If a person loves Christ supremely his heart never breaks for what man can do to him. The early disciples never com-

mitted suicide (excepting Judas, the traitor), notwithstanding they were beaten, imprisoned, tortured and slain.

The greatest following of any religionist is Buddha, but his disciples frequently commit suicide and were encouraged by their master to do so.

Socrates, four hundred years before Christ, was judicially slain because he worked out a religion which resembled the religion of Christ. He was afflicted very much by his wife, Xanthippe, but he was above temptation to commit suicide; but in these days very many husbands and wives commit suicide because they either imagine or realize that their companions prove treacherous to them, but the profession of the true religion of Christ would save them from suicide under all circumstances, however trying.

Those who are tempted to commit suicide are generally very dangerous to others, for they generally are also tempted to kill others, and very many men and women who kill their companions also kill themselves, and those who manifest suicidal tendencies ought to be kept under restraint, because no one can tell when they may kill others, or themselves.

The suicide generally is too lazy to work and too cowardly to live.

Many commit suicide because they are old, or helpless, and believe or imagine that those on whom they depend desire their decease; but the best philosophy of such unfortunates is to believe that a man can not die until his time comes; therefore, as long as he lives it is the will of God he should live, and all those who wish him dead are wishing contrary to the will of God; therefore, he will obey the will of God by contenting himself to live as long as God wills.

Scripture says, "No murderer shall enter the kingdom of heaven." Suicides are murderers; therefore, no suicide shall enter the kingdom of heaven. I will add, unless he repents before the last breath.

411 Oakwood Avenue.

Enclosed find one dollar, my subscription to the BRIEF for 1905. The BRIEF is my constant counsellor. Do not forget to insert Old Uncle Doc's letter; it is always full of good, juicy practice.—C. J. WALTON, M. D., Munfordville, Ky.

[Written for the MEDICAL BRIEF.]

The Principles and Practice of Embalming the Dead.

BY JOHN GEORGE GABSON, M. D. (EDIN.),

Vice-President of the Anthropological Institution of Great Britain; Honorary Corresponding Member of the Anthropological Societies of Paris, Moscow and Rome; Adviser on Identification to the Home Office; Late Swiney Lecturer to the British Museum, and Lecturer on Comparative Anatomy at the Charing Cross Hospital. London, England.

[No. 2.]

The composition of the preservative solution to be used will to a considerable extent depend upon the circumstances under which the operation is performed and the chemicals which are available as well as on the predilections of the operator. In every case, however, it should be sufficient in quantity and energetic enough in its direct action on the tissues to prevent putrefaction of the body for the period required, whether that be short or long, and at the same time it must be sufficiently fluid to pass into the minute blood vessels and to percolate through the walls of capillaries into the surrounding tissues till they are thoroughly permeated by it. On the other hand it must neither be too strong nor of such a nature as to cause immediate hardening and contraction of the walls of the blood vessels during its passage through them, otherwise imperfect preservation of the body will be the result. As the presence of water in the tissues as well as a supply of free oxygen gas is essential for putrefaction, and as a body contains sufficient moisture for the spontaneous occurrence of that process, the preservative injected should likewise possess the power of attracting to itself and absorbing the watery constituents present, and by subsequent reduction cause desiccation of the tissues. The rapidity with which this latter process is to take place has generally to be regulated by the time of closure of the coffin, as it causes shrinkage of the features. Judgment and knowledge of the materials used are therefore needed, not only in selecting the proper chemicals to get the desired results, but also in determining the proportions in which they are to be mixed.

The base of the injection fluid should be a substance which will combine chemi-

cally with animal matter and confer on it the power of resisting putrefaction to a high degree; it should also absorb and fix ammoniacal gas, form insoluble compounds with azotised organic principles, and be readily soluble in the vehicle used, which must of necessity constitute the bulk of the injection. The substances which possess these properties to the fullest degree and are the most convenient to use are perhaps bichloride of mercury (corrosive sublimate), chloride of zinc, chloral and formic aldehyde, and of these the first is upon the whole the best general preservative for purposes of embalming and the least expensive. As the introduction of more water into the tissues than already exists is highly undesirable for the reason previously stated, the use of that liquid as the vehicle of the injection is to be avoided as far as possible. In alcohol we possess a fluid peculiarly well suited for the purpose, being of itself a good preservative—having a great attraction for water which is readily abstracted from animal tissues, and therefore in every way a valuable adjuvant to the base, as well as a most effective solvent and reducer, properties which it is very desirable that the injection fluid should possess. To use rectified spirit for this purpose would be unnecessarily costly when the best methylated spirit is equally efficient and quite good enough in all ordinary cases.

The composition, therefore, of a good preservative solution for the blood vessels should consist essentially of bichloride of mercury or some similarly acting salt and methylated spirit, and this solution may also be used for external application and for injection into the cavities and hollow viscera. Two grains of corrosive sublimate in each ounce of injection fluid (one part in two hundred and twenty) will be found generally to be the best strength to begin injecting the blood vessels with, but the strength of the solution should be somewhat increased during the later stages of the process, even to four grains to the ounce of fluid. The bichloride may be readily dissolved by rubbing it in a mortar with some spirit in which it is soluble to the extent of one in seven. An injection fluid composed only of the mercury salt and spirit dries and con-

tracts the tissues rapidly if evaporation be free. It is therefore often necessary to delay this result by adding some glycerine as a corrective. The quantity of glycerine added for this purpose should not exceed one-quarter of the bulk of the spirit used, but in most cases much less will suffice. The amount of preservative fluid required for a body will vary with its size, but may be approximately stated to be about two gallons, or nine litres, for an adult male, and about five litres for an adult female. The formula of the injection fluid for an adult male will, therefore, work out as follows: Bichloride of mercury from six hundred and forty to nine hundred grains; or say from one and a half to two ounces (from forty-two to fifty-seven grammes); glycerine from ten to eighty ounces (from 0.25 of a litre to 2.25 litres); and methylated spirit up to two gallons (nine litres). This will give some idea of the quantity of the chief ingredients which the operator will have to provide himself with for the operation. Some more of the fluid will be required for injecting into the hollow viscera, and into the body cavities and likewise for applying externally. If the prevention of putrefaction is required only temporarily less preservative need be used. Thus in cases where putrefaction has set in unusually early, as it sometimes does in hot weather, even in England, or as a sequence of death from certain diseases, less than half the above-mentioned quantity of injection fluid and chemicals will suffice. The result of injection of the blood vessels with the preservative fluid just given will be to produce a pearly whiteness of the skin; the expression of the countenance will, except in respect of color, be natural. To give a more life-like color to the countenance a small quantity of some soluble red coloring matter may be added to the injection fluid, such as rosaniline or erythrosine, but this must be done very carefully, as effects other than those desired may be produced.

Chloride of zinc has long been used for purposes of embalming and is an excellent preservative, but a much larger quantity of it is required than of corrosive sublimate. Hitherto it has been usual to dissolve the chloride of zinc in water and

sometimes to add alcohol to the solution, but in several formulæ the latter is omitted altogether. The strength of solution recommended differs widely. Thus, for a body weighing one hundred pounds Richardson used to inject five pints of a saturated solution with one pint of spirit added to it. Reeves recommends the injection of as much as the blood vessels will hold of a solution containing two-thirds of a part of zinc chloride to one part of distilled water, which is somewhat weaker than the liquor zinci chloridi of the British Pharmacopœia, while a third formula gives eight litres of a solution containing one part of zinc chloride in three parts of water. By the first of these formula fifteen and one-half pounds of zinc chloride are required (its solubility being ten in four parts of water) in the six pints of solution; by the second, assuming that two gallons will be taken up by the blood vessels, thirteen and three-quarters pounds; and by the third in the eight litres there would only be six pounds. The quantity of chloride of zinc injected into the vascular system in a case of complete embalming should certainly be from twelve to fifteen pounds. This should be dissolved in methylated spirit, in which it is freely soluble, and in many cases some glycerine may with advantage be added to the solution. As this injection rapidly hardens the tissues, it is well to begin with a weaker solution and gradually to strengthen it during the process.

Some authorities prefer to use a preservative composed of hydrate of chloral as a base. With spirit as a vehicle and adjuvant such a solution is very effective in drying and hardening the tissues and quickly produces mummification. It should be used in the proportion of one part of chloral in eight parts of injecting fluid, which may, with advantage also contain some glycerine to prevent too rapid desiccation. From two to three pounds of chloral will be required for an adult male body. The solution first injected should not exceed ten per cent in strength, but afterwards the strength may be increased to about fifteen per cent.

The instruments and appliances required for embalming are a bistoury; dissecting forceps; an aneurysm needle; a

blunt hook; artery forceps; cannulæ of different sizes, fixing into a stopcock tube, to the other end of which a piece of india rubber tubing two yards in length is attached; a graduated bottle holding one gallon (about four litres) with a circular opening close to the base, into which is inserted a tightly-fitting rubber cork perforated by a stopcock tube to which is fixed the other end of the rubber tube, and with a moderately wide neck into which a rubber cork perforated by a metal tube fits tightly; a piece of rubber tubing to fix over the upper end of this last tube about a foot in length; a U-shaped pressure-gauge attached by rubber tubing to the stem of a T-piece, the horizontal arms of which are to be inserted into the long rubber tube at about two feet from the cannula; a double-action aspirator syringe with a somewhat curved sharp-pointed cannula of good size and at least six inches in length; a pneumatic pump; scissors; suture silk and needles; a good-sized painter's brush; a bottle containing three ounces of strong liquor ammoniæ; some narrow tape; sponges; cotton wool; bandages, and some antiseptic ointment for the operator's hands. It is also desirable to have at hand a small *post-mortem* case, as some of the instruments which it contains may be required.

The cannula which I have found to be most convenient for inserting into the artery, whether that be the abdominal aorta or the femoral, is T-shaped, consisting of a right and a left half fitting closely together down the center of the stem over which the stopcock-tube is passed to hold the two halves firmly against one another. One-half of the cannula is inserted up the artery, the other down it in the opposite direction. When the two halves are united and held together by the tube of the stopcock the injection will flow simultaneously both upwards and downwards. This obviates the necessity of introducing two cannulæ with double attachments to the rubber tube, consequently a much smaller opening in the artery is required. The size of the cannula for the abdominal aorta should be from fifteen to twenty millimetres in diameter, but for the femoral it should measure only about eight millimetres.

The apparatus described is designed so that it can be used for injecting the preservative fluid either by gravitation or by air-pressure, as the operator may decide, and he may at once change from the one method to the other at any time during the course of the operation, without interfering with any of his previous arrangements, by connecting or detaching the aspirator syringe or pneumatic pump and the rubber tube affixed to the metal tube through the cork in the neck of the bottle. The preservative solution to be used should have been previously prepared in as concentrated a form as possible, so that it only requires to be diluted with additional spirit at the time of the operation to bring it down to the strength previously indicated and so make it ready for use.

The plan of procedure having been determined and the preservative fluid to be used being ready, the operator, after seeing that he has been supplied with hot and cold water and the proper utensils, such as basins and slop or toilet pails, also towels etc., should proceed to lay out his instruments and to set up his apparatus and to charge it with preservative fluid; lastly, the body is to be placed on the operating table. As a preliminary to the operating, especially if rigor mortis has not quite passed off, the limbs should be gently flexed and then extended to relax the muscles. The artery is next to be exposed and opened by a vertical incision and the double cannula introduced, fixed and secured by ligatures. Before fixing the tube from the reservoir to the stopcock-tube on the cannula the procedure recommended by Richardson of inserting into it the nozzle of the syringe or pneumatic pump, previously charged with ammonia vapor, and forcing some of the latter into the arteries, certainly seems to facilitate the flow of the preservative solution when its injection is begun and may with advantage be followed. The tube having been filled with fluid by turning on the tap at the base of the reservoir, it is attached to the free end of the stopcock on the cannula, and the solution is permitted to enter the vascular system. If the gravitation method be adopted, the reservoir has now to be elevated till the fluid has sufficient "head" to pass into the

system, and the pressure-gauge and index are to be watched till the solution is nearly exhausted, the reservoir should then be replenished with stronger solution than that first used. Should the operator adopt the pneumatic method, the nozzle of the pump or syringe is inserted into the tube attached to the cork in the neck of the bottle or reservoir and he proceeds to pump air into the latter till he sees by the index that the fluid is entering the arteries; this being effected he has to maintain the pressure indicated by the gauge by pumping air in as the quantity of solution in the reservoir diminishes. If this latter method be selected the reservoir may be placed upon a table about level with the body. In default of a sufficiently high resting place being obtainable for the reservoir to get necessary pressure required for the first method a combination of the two methods should be practised.

After a few litres of solution have passed into the system, if everything has gone on satisfactorily, the skin will begin to present a mottled appearance, first observable in the face, which will gradually begin to look fuller and more life-like, and perhaps even puffy about the eyelids; the superficial veins of the body will become more pronounced as they become charged with blood, and as the white mottling spreads and adjacent patches coalesce. At this stage it is desirable to examine the inferior vena cava through the abdominal opening and to tap it, if distended, so as to relieve the venous engorgement and resistance. As more injection fluid passes into the system the body will become quite rigid and the skin white and parchment-like, unless the solution contains sufficient coloring matter to give it a pinkish hue. The injection will gradually pass into the system more slowly, although the gauge will indicate that the former pressure is being maintained, and finally stop flowing, showing that the vascular system has been fully charged. The stopcocks may then be turned off for a time and the solution already introduced permitted to diffuse itself equally in the tissues. At the end of five or six hours an attempt may be made to introduce some more solution, if considered desirable, but this is

not often necessary unless rigidity has not been established, which seldom happens. Meanwhile the operator proceeds to deal with the thoracic and abdominal viscera. The diaphragm should be punctured with the aspirator needle, care being taken not to injure the heart or lungs in so doing. Any gas present should be allowed to escape and some strong preservative solution should be injected. The same procedure should be adopted with the stomach, the bladder, and the intestines; the last-named will require to be punctured at two or three places. Finally, some solution should be injected into the peritoneal cavity, the nasal cavity, and the mouth. If the superficial veins are still engorged it is desirable to empty them as far as possible by rubbing them in the direction of their main trunks and to inject some solution of the first used strength into them from their distal extremities.

[Written for the MEDICAL BRIEF.]

Superiority of Liquid Medicines Over Alkaloids.

BY PITTS EDWIN HOWES, M. D.,
Associate Editor "The Eclectic Review," New
York; Secretary Massachusetts Eclectic
Medical Society; Secretary Boston
District Eclectic Medical Society,
Etc. Boston, Mass.

•
Curation of disease is a problem which is constantly confronting the practitioner of medicine. Among the multitudinous duties of mankind there are none that are so complex as those which fall to the lot of the physician.

The mechanism of man is a wonderful network of complicated organs; all striving toward a common goal—the health and strength of its various tissues. While anatomy is essential to the understanding of the structure, physiology is no less important in aiding us to comprehend the action of its component parts. Physiology, then, plays a large part in the practice of the successful medical man.

It teaches us that all nutrition is supplied to the body through the medium of the blood; that this nutriment is conveyed to the blood, and the parts needing renewal, by means of endosmosis and

exosmosis; that it is necessary for this nourishing pabulum to be in a liquid state before these exchanges can take place.

Experimentation has demonstrated that liquids are much more promptly absorbed than articles of a semi-fluid, or more compact nature. Hence the first point of the superiority of liquids over the alkaloids, is the fact that they are absorbed with greater rapidity, and, thus their beneficent action is commenced more quickly.

The action of the liquids are more gentle, because, as a rule, they are less powerful than the alkaloids which are extracted, by means of chemical manipulation, from the various fluid preparations that yield the alkaloidal principles.

All who are familiar with the workings of nature know, and must admit, that the more gentle the process, the more lasting and complete is the result obtained. The constant dripping of water, drop by drop, will wear away the hardest substance over which violent measures, though more energetic in their onset, would utterly fail.

The soothing effect of liquid medication will aid materially in producing a more lasting relief, from those conditions which are the cause of the departure from the normal or healthy standard.

The liquid preparation—be it infusion, decoction, tincture or fluid extract, contains all of the plant constituents, and combines in Dame Nature's own way the various ingredients.

Plants yield their medicinal qualities to a varying proportion of water and alcohol. The practical pharmacist knows that the right proportions must be used in order to get a reliable and complete representation of the plant under treatment. Again, the plants must be used at different stages of their existence in order to obtain the most reliable results. Some must be used in the green state with all their juices; others should be partially dried and a part of their liquid substance allowed to evaporate, while still others must be in a completely dried condition.

Physicians understand very well that they get better results from the medicines of some manufactures than they do

from those of others. They do not always stop to consider why this is so. It lies all in the process of manufacture. The practitioner who uses tinctures made from fluid extracts will be very apt to lose faith in medication, because of the poor results which he, many times, obtains. He charges the fault to the medicinal agent, when, in reality, the fault lies in the method of preparation. The blame should be laid at the door of the pharmacist.

The rapidity of the absorption of fluids, by the blood, will prevent the cumulative action which sometimes results from the use of the alkaloids. This is a factor which should not be forgotten. Many deaths could be properly charged to this mode of action in the alkaloids.

Many time the alkaloidal principle must be placed in a fluid vehicle in order to get the best results, as, for instance, the whole method of hypodermic medication. There is no question but that the hypodermic syringe has been a blessing to mankind. But where is the practitioner who would like to treat his cases wholly with this instrument?

The alkaloids, when you have said the best you can in their favor, are, at best, only a part of the original plant. We are apt to term them the active principle of the plant. How are we to demonstrate this fact absolutely? Can it be demonstrated? I think not. Who would be rash enough to assert that all of the good of cinchona lies in the quinine, or that of nux vomica in the strychnine? And not only of these two, but also of the entire list of plants which, by means of manipulation, can be caused to give up their alkaloidal principles.

Those who are at all familiar with the early history of the Eclectic School of Medicine know how nearly it came to shipwreck because of the wild enthusiasm over the idea of alkaloidal medication. Fortunately the error was discovered early and the more rational and scientific method of using the entire plant was substituted.

Without doubt there are fewer therapeutic nihilists to-day among the eclectic practitioners than any other school of medicine. It is due to the fact that they

use almost exclusively the liquid medicines.

I do not wish to be understood that there is no place for the alkaloids in the medical practice, for I am willing to admit that there is. I do contend, however, that that place is very much smaller than many of its champions would have us believe.

[Written for the MEDICAL BRIEF.]

The Nasal Cavities and the General Practitioner.

BY DAVID C. GAMBLE, M. D.,

Clinical Professor of Diseases of the Ear in the
Medical Department of Washington University,
St. Louis, Mo.

When we remember that the nasal cavities are the source from which diseases of neighboring organs may arise, and that their condition may even have an effect upon the development of the individual, the importance of a knowledge by the general practitioner of the diseases affecting these cavities can not be over-estimated; for it is the general practitioner who first sees many of the cases which finally reach the specialist, and many of the consequences of diseases of neighboring organs, and, indeed, the diseases themselves, may be often cut short or entirely averted if they receive proper care and treatment at the beginning.

As illustrating this point, how many cases of suppurative otitis media might be prevented if the attending physician gave to the nasal cavities and the post-nasal space the attention which diseases of those parts demand. Their involvement is among the early manifestations in some of the diseases which affect the Eustachian tube and middle ear, as in measles and scarlet fever. Now, suitable treatment directed towards these parts will frequently save the ear from attack, and the patient much suffering.

Again, obstruction of these parts to the full and free passage of air to the lungs tends to prevent the development of the lungs themselves, and consequently the chest capacity, so that the individual is what is called "flat chested," and his respiration is by the mouth. These obstructions may be in the form of spurs

on the nasal septum, hypertrophy of the turbinal tissue or of the lymphoid tissue in the vault of the pharynx, commonly spoken of as adenoids. These obstructions not only interfere with the respiration, but by their presence increase the liability of inflammatory attacks in the parts. But it is not only where obstruction to respiration exists in the cavities, or they are involved as an accompaniment of the exanthematous diseases, that attention should be given them, but in the ordinary "cold" they should not be neglected. The physician is too apt to think lightly of these cases and be satisfied with little or no treatment of them, believing that they have a course to run and will recover without assistance.

It is true that the laity, through ignorance, does not attach much importance to them and it is only where a certain amount of fever and general malaise, or the more decided symptoms of influenza exist, that the physician is called in; but it does not justify *him* in regarding the case as of little moment, for a large number of the cases of middle ear involvement are due to what is regarded as "only a cold."

Now, what shall the physician do when called to see a case of this character? Take the ordinary "cold." The physician on examination may find the patient suffering with a discharge from the nasal cavities of a watery or muco-purulent character, and he notices that the turbinal tissue is swollen so that the patient is breathing through the mouth.

The question arises, what line of treatment shall be followed out, presuming that he will pay attention to what constitutional treatment may be demanded as in the use of laxatives, etc. Local treatment which he may follow can be of this character:

The turbinal tissue being swollen, an application of a solution of muriate of cocaine (from two to four per cent) should be made to the cavities so as to reduce the swelling in those parts. This may be done by twisting a small pledget of cotton around a carrier and dipping it in a solution, and carrying it along the floor of the nose, sweeping it upwards as it is withdrawn. This will leave sufficient of the solution in contact

with the parts to produce the desired effect. Then the swelling having been reduced, a disinfecting and detergent wash should be sprayed into the cavities (such as Dobell's solution as described in the text-books, to which may be added two or three grains of boric acid to the ounce, and a little menthol). This should be done thoroughly and if the patient be old enough to stand the introduction of instruments through the mouth into the post-nasal spaces, the spray should also be thoroughly applied there, the object being to get rid of all secretion which may have been thrown out and retained or blocked up in the cavities. After having thoroughly washed out the parts an application of some astringent should be made, which may be a weak solution of nitrate of silver, or a powder may be blown into the cavities, as the compound stearate of zinc. The objection to the use of powders is that they may increase the secretion for a moment and be washed away, but the use of an oily preparation, in which may be dissolved from five to ten grains of menthol, sprayed over the parts, and followed by the powder, seems to have the effect of retaining the latter for a longer time in contact with the parts.

This line of treatment should be faithfully carried out, being applied morning and evening if necessary, and the relief from the distressing symptoms which the patient has experienced is sometimes remarkable. The neglect of proper treatment in these cases is liable to cause a chronic condition, as a neglected cold seldom leaves the parts in as good condition as they were before.

When it comes to treatment of cases of chronic diseases there is not so much that the physician can do, for he is not usually prepared for operative procedures which may be required in these cases. If, however, he is called upon to attend a case of this character, finding a swollen condition of the turbinal tissue, he determines by the use of a solution of cocaine the fact as to whether the swelling is a true hypertrophy or not. If it disappears under the effect of the drug he may readily conclude that it is merely a chronic intumescence and not a true hypertrophy. That is, that the vessels supplying the parts are chronically enlarged, but there is lit-

tle or no deposit of inflammatory material in the tissues. Here he may be able to effect an improvement by cauterizing the part. This may be done after making an application of cocaine by twisting a film of cotton around a steel cotton carrier and dipping it into liquid trichlor. acetic acid, or fusing some of the crystals of acid upon the end of a steel probe and carrying the acid back into the cavity, being careful to avoid the nasal septum, bringing it in contact with the turbinal tissues and drawing it slowly forward, establishing a lineal eschar. When the slough comes away and contraction takes place, support is given thereby to the engorged blood vessels and they are allowed thus to recover their tone.

When it comes to true hypertrophy or nasal spurs upon the septum surgical interference may be necessary. These cases should be referred to the specialist, who is better prepared than a physician for their treatment. In all these cases of nasal disease hygienic treatment should be carried out. The patient susceptible to colds should acquire the habit of taking cold baths, not necessarily a plunge bath, and in the midst of winter when the water is very cold only a sponge bath should be used. Vigorous rubbing after the bath, so as to increase the circulation of the skin, relieves the internal circulation and the bath tends to harden the patient to the effect of cold. Rules should also be observed as to exercise, eating, drinking and the keeping of proper hours.

If this article shall serve to cause the physician to give more thought and care to the nasal cavities, its object will have been attained.

Century Building.

[Written for the MEDICAL BRIEF.]

Gynecological Hints.

BY BACHE MCE. EMMET, M. D.,
Professor of Diseases of Women at the New
York Post-Graduate Medical School.
New York City.

A general notion has prevailed for some years past that the principal, if not only, advance to be made in the treatment of gynecological diseases, is through surgery; and, in view of the ever-present desire on the part of our younger aspir-

ants to become full-fledged specialists at once, this field has been the more assiduously worked, to the prejudice of older methods. The reason is not difficult to find. Surgical work implies, in a large majority of gynecological cases, the removal of the real or supposed offending organs. If the patient still lives, each case may bring a score, and the budding surgeon doubtless thinks that his fame grows with his daring; but are the records such that the profession at large may know the results and the rate of death? One fact we do well know, that operate as he will, many a woman still suffers. We may, therefore, all believe that there yet remains a place in gynecology for other treatment than the knife, and that it is still desirable to exhaust the safer means at our command before resorting to the more alluring, but more destructive, heroic measures.

It is with this in view, though mindful of the benefits of surgery, and of the possible unwillingness of practitioners to listen patiently and to accept confidently the precepts set forth, that I wish to consider for a time some of the useful methods of which we can avail ourselves to alleviate suffering, to overcome disease and to save life. The methods are not new, but by reviving and studying afresh what has been too imperfectly tried or known, I shall seek to emphasize what experience demonstrates as useful.

I consider it the more important to insist at some length upon the benefits to be obtained by these methods in the treatment of diseases of women, since it is within the province of many physicians who are competent to make a diagnosis of such conditions and will exercise care and patience in their treatment to promote their patients' good, with considerably less likelihood of danger resulting than were they to subject them to surgical operations.

Many physicians practicing at a great distance from large centers have not all the modern aseptic principles at their fingers' ends, nor have they the necessary assistants or appliances at hand. The patients, on their part, often cannot afford to, and will not, leave their families to go to specialists who have the reputation of operating upon the slightest pre-

text. It is, therefore, very desirable that general practitioners should familiarize themselves with remedial means by which they may often avert disease, or meet it in its early stage and avoid its early complications.

It has always appeared to me incumbent upon the family physician to have a more direct concern for the welfare of the young girls growing up about him than appears to be usual; to stand in the position of the family counselor and to guide their early training and development; to tell the ignorant mother of the care to bestow, of the dangers to shun; to have the young daughters taught something of their own bodies and of the simple rules of health, as well as of the consequences of neglecting them. It would be wise to induce parents throughout the country (or it might be generalized in country schools) to have classes in calisthenics, to utilize the principles of the Delsarte system and to establish drills. It would not be amiss to preach to the mothers and fathers about the young girl's dress when she is approaching puberty, the physician, with his watchful eye, being in a position to detect the imminent injury to the body which the abuse of lacing threatens. He might interview school teachers, also. They stand the next in relation to the children, and, possibly, they know more about the girls than do their parents; to induce them to become interested in their pupils' welfare, to familiarize themselves with their habits of life, to note whether they give attention to their bowels, whether they need some caution or advice when the menses appear; to have them take note of inaptitude for study; to observe if they have headaches, etc., etc.

Following out such lines, even though the advice be not sought, those physicians occupying respected positions in communities, either as the prominent resident of the village, the member of the school board, or local health officer, may feel that they are fulfilling their highest mission, and are, in no small degree, contributing to the good of their country and to the improvement of the race.

It will be seen from the foregoing that I would make much of all the cardinal principles of health, not merely its restor-

ation when impaired, but the fitting of the body in early life to withstand the onset of disease. It would seem, therefore, to be not amiss that every physician should be advised to fit himself better than is common, to understand the rationale and the methods of developing the young girl. He should study exercise in its various forms, breathing, singing, walking, running, rowing, riding and swimming; he should look into the various forms of gymnastic and calisthenic exercises, and into the study of passive movements and massage; he should understand the merits of bathing, hot and cold, fresh and salt, short and prolonged; the various forms of douches as practiced in our several health-establishments, the qualities and purposes of our numerous mineral springs, and, further, he should not neglect to obtain some familiarity with our topography and climatology.

Many of these points are as essential to the well-being of the people intrusted to his care as are the other laws of hygiene, which we all pretend to know something about, and the result of a diffusion of such elementary knowledge would fit the family physician to be a health-guide, far beyond what the present average attainments justify him in claiming. Thus would early errors of diet, of nutrition and of growth be prevented; girls might be formed to the best advantage to withstand invading disease, when they are called upon to take their position in the world; they would become stronger mothers, better able to meet the responsibilities thrust upon them, and it is not to be doubted that the pathological history of each succeeding decade would be very materially changed, and our nosological chart much circumscribed.

18 East Thirtieth Street.

[Written for the MEDICAL BRIEF.]

Post-Nubial Outrages.

BY JAMES M. GASSAWAY, M. D.,

Professor Hygiene Marion-Sims-Beaumont
Medical College.
St. Louis, Mo.

If it is the province of hygiene to cure the many superstitions of the laity, in too many instances shared by the profession, as, for instance, that an egg is

equivalent in nutritive value to a pound of meat; that the various mysteries sold in the drug stores as "beef extracts" are sufficient by the teaspoonful to sustain a famished invalid or convalescent for twenty-four hours, more or less, and that milk is the one grand, important, absolute and universal food for every breathing thing; if hygiene could only restrict itself to such things, it would occupy us to the very full while the world shall last, but there are many other errors almost as widespread and more fatal in their consequences. It is almost incomprehensible to the thoughtful physician why the atrocious vice of wedding tours has not been utterly stamped out. No matter how robust, how tenacious of life, how full of energy, how many times the four hundred years, which the good Dr. Holmes insists should be the time of preparation for the new-born infant; no matter what adjuncts to ease, of wealth, of education, of refinement, not one of them can stand safely the dreadful physical and mental exactions of the prolonged and, too often, deleterious excitement of the engaged.

The constant strain to keep up that somewhat unnatural "front" which has attracted and which continues to attract the betrothed, together with the six months' siege, more or less, of the most laborious exertion in the preparation of trousseau, the exactions, impositions and fatigues of the dressmaker, the same to a lesser degree of the milliner, and to crown all, the dreadful hurry and vigils which attend the few weeks immediately preceding the ceremony.

With the groom it is scarcely less exacting. Whether in business or whether of leisure and, like all the strictly leisure class, driven by the lash of necessity for amusement, his attention divided, his entire habit of life, so far as it is then formed, completely subverted, his hurried and frequently frenzied attempts to regulate his business affairs in order that he may have nothing on his hands to interfere; these combined produce a condition of the system, both mental and physical, of both the high contracting parties, which peculiarly and positively unfit them for the dreadful exactions of a honeymoon trip.

Immediately upon the conclusion of the ceremony the youthful couple proceed with the utmost dispatch to the train and then begins the most tiresome episode which human beings with all the varied ills of life are subjected to. To the sensitive, modest young woman, the mental disquiet of appearing to the world in the not-to-be-concealed role of bride, is in itself sufficient, but this must be supplemented by the discomforts of that Procustean travesty, the modern, much-over-decorated sleeping car. The over-studied indifference of the groom needs no mention here, as this is not intended as a humorous sketch. Arriving, not at their destination, for their proper destination will probably be a sanitarium, but at the city which they have chosen to honor with their *incognito*, they begin a life burdensome from the very strangeness of the room, of the furniture, of the surroundings, and the unfamiliar and too often indigestible, if not absolutely hurtful, menu. This, however, does not suffice with the great majority of them. Hardly have they swallowed an early breakfast before they are off sightseeing and visiting every celebrity within twenty miles of the city, too often in inclement weather, and too often in the reaction brought about by the months of strenuous endeavor which have preceded the trip. It does not suffice that they should thus drag themselves from post to pillar ostensibly enjoying these various sights and landscapes in each others' society, while as Lord Allcash says in "Fra Diavolo," "each longs for his or her sleep all the day," well meaning, misguided friends who have been apprised of their arrival, visit the newly-married couple at their hotel in the afternoon and evening. Thus at the very critical time of a woman's life when above all she needs the quiet seclusion and comfort of the home which she has been accustomed to since her girlhood, she is exposed to a series of laborious mental and physical efforts which might well break down the strongest and most robust man. Is it any wonder that the wedding trip is the first and most powerful factor in the wretched health for many years of young American matrons?

No mention is made here of the absurd vulgarities of the would-be witty, *sot-disant* friends of the couple who signalize themselves by throwing old shoes and rice, or in a spirit of gummy pleasantry paste or tie various labels and ribbons to their luggage. These things are better left to the strong arm of the law, which, it is gratifying to note, has been thrice exercised within the last month in one of our largest Eastern cities. Let us pray that we may follow in its footsteps.

[Written for the MEDICAL BRIEF.]

Pathology and Treatment of Rheumatism.

BY WM. HANNA THOMSON, M. D., LL. D.,

Formerly Professor of the Practice of Medicine New York University Medical College; Ex-President New York Academy of Medicine; Physician to Roosevelt Hospital; Consulting Physician Manhattan State Hospitals East and West for the Insane; Formerly Physiatrist to Bellevue Hospital. New York City.

It was the discovery of the gonococcus which first made the bacterial origin of rheumatism so probable. Though gonorrheal arthritis was recognized as early as 1781, by Selle and Swedauer, it was not until 1879 that Neisser demonstrated that it was caused by the micro-organism which goes by his name. Here, therefore, we have an infection by a specific bacterium, which begins and usually remains as a purely local inflammation of a mucous membrane, but occasionally the bacterium itself enters the blood and then attacks joint after joint in a fashion so like the rheumatic disease that it may be well to allude at the outset to the features which allow a differential diagnosis. There may be much pain and swelling by effusion into the joint cavities, and in the sheaths of the tendons, but there is little or no redness, as in acute rheumatism or gout, and the fever is remarkably less. The joints also bear more handling. The urine is not so high-colored, nor deposits so much sediment, and gonorrheal arthritis attacks some joints which rheumatism spares, as the jaw and sterno-clavicular joint. It also attacks the eyes, producing secondary conjunctivitis, scleritis and iritis. Unlike rheumatism, it spares the heart and very rarely involves

a serous membrane. Its most dreaded sequel is a fibrous ankylosis of joints, in some cases at each successive attack of gonorrhea, one joint being locked up after the other until nothing but breaking up the adhesions under an anesthetic will set it free. That the agent of the infection circulates in the blood itself is proved by this "rheumatism" attacking infants whose eyes have been infected at birth. It is an illustration how etiology should determine therapeutics that the remedy for rheumatism, the salicylates, are useless against this different infection.

Unlike gout, rheumatism is ubiquitous, for its bacterium seems to flourish in all countries and climates. It was natural, therefore, that a great variety of different bacteria should be charged at first with being the specific agents of rheumatism. When we remember how, in diphtheria, one streptococcus after another, as well as yeast fungi, etc., were announced as the specific offender, until at last the true organism was identified in the Klebs-Loeffler bacillus, we need not expect a ready demonstration of the rheumatic agent. The latest researches, however, come as near demonstrating as could be anticipated that it is a minute streptococcus first described by Triboulet, in 1898, and then by Wasserman in 1899, and since confirmed by F. Mayer, and a number of continental bacteriologists. In England these investigations have been thoroughly followed up by Poynton, Paine and Lees, and more recently by Beaton, Walker, and Ryffel, whose results may be summarized as follows: This streptococcus, first isolated from the tonsils of patients suffering from rheumatic fever, has been found in the blood, in the exudates, in the inflamed joints, and in the vegetations of rheumatic endocarditis. Pure cultures have been obtained from all these sources, and these injected into animals, particularly guinea pigs and rabbits, have produced all of the lesions of arthritis and of endocarditis in them, characteristic of acute rheumatism in man. Poynton and Paine excised a rheumatic nodule two hours before death, which was at once immersed in a suitable medium and cultivated for forty-eight hours in an incubator, producing an exuberant growth of

this micro-organism, without any other. Injection from this culture caused marked choreic symptoms in a rabbit. Benton and Walker (*Brit. Med. Jour.*, January 31, 1903, page 237) obtained this micrococcus in pure culture from fifteen cases, eight of which were acute rheumatism, three cases of chorea, and four cases of rheumatic endocarditis.

As it is of importance to be sure that this is not one of the numerous varieties of streptococcus found in or on human bodies, a Marmorek's test fluid, in which no human streptococcus, so to speak, will grow, was employed, and this rheumatic streptococcus grew freely in it.

Besides its morphological character much interest attaches to researches into the chemical changes set up by the growth of this organism, as well as its direct effect on the blood. As regards the latter point, Walker and Ryffel (*Brit. Med. Jour.*, September, 1903, p. 659) state that it produces a more rapid hemolytic effect than any other streptococcus, an observation which, if confirmed, would go far to explain the specific anemia which is so characteristic of acute rheumatism. As far back as 1858 Richardson ascribed rheumatic endocarditis to excess of lactic acid in the blood, but this view was not confirmed by other investigators. Now Walker and Ryffel claim that while more than one form of streptococcus can generate formic acid in its growth, yet this kind produces much the largest amount of it than any other form, and that it is present originally in the bodies of the bacteria, and that formic acid is found abundantly in the urine of rheumatic patients and not in healthy urine. The origin of this formic acid is believed by them to be the natural sareo-lactic acid of muscles.

The liability to a primary infection by rheumatism extends from childhood up to about the thirtieth year, after which it progressively declines. In all infections the question of prophylaxis is second to none in importance, but, unfortunately, as respects rheumatism this subject is unduly neglected in our text books. In diphtheria and pneumonia, a first attack appears to make a person more liable to the same infection again. In rheumatism this increased liability is particularly

manifested and with each fresh attack the subsequent recurrences become more frequent, until a chronic rheumatic condition may become established. By itself this would be bad enough, but when further heart complications may be equally looked for, the question of prevention becomes a very serious one. In all attempts at prophylaxis the first requisite after discovering the specific micro-organism itself, is to find how and where it manages to gain entrance into the blood. As regards typhoid fever and Asiatic cholera, we know that their germs must be swallowed. With diphtheria it is quite different, for it is at first as much a local infection as syphilis. How we catch pneumonia no one knows. It will be a great gain when it is found out why the pneumococcus may be a permanent resident in the mouth without giving any trouble, and what makes it then suddenly become so deadly by invading the blood.

With the rheumatic bacteria, however, I think that its portal of entry is more likely to be identified. Reasoning from analogy with the originally purely local infection of the gonococcus, the rheumatic virus need not have more than one usual place of entry, and my own experience would locate it as the tonsils in fully eighty per cent of all cases. Its period of inoculation there I would rate as an average of seven days from the first signs of tonsillitis, though it may be shorter. A number of patients deny that their rheumatism was preceded by sore throat, but further inquiry will develop that they have been subject to attacks of quinsy before, and if their throats had been systematically examined tonsillar engorgement would have been found as a common, if not an habitual condition. This is particularly noticeable in children, whose accounts of themselves are generally unreliable in this respect. My own plan with every patient with a so-called rheumatic condition is to enjoin a washing of the throat twice daily, night and morning, as they would wash their faces. Mere swabbing or spraying of the throat is of little avail, because such measures fail to clean out the many crypts in the mucous membrane, in which the infecting agent may be hid. By a very little practice a thorough cleansing of the entire pharyn-

geal cavity may be secured by a quart of hot water, in which two teaspoonfuls of chlorate of potash, with five drops of oil of peppermint, or oil of cinnamon, have been dissolved. The patient should bend over a basin with the mouth wide open and let the stream of hot water run into the mouth from a syringe and run directly out again. No special effort should be made to direct the stream, for it will find its own way to the walls of the pharynx, past the tongue and round the tonsillar eminences. By this means I believe I have prevented many relapses of rheumatism in those who have sufficiently appreciated the importance of throat disinfection to take the trouble to add this measure to their daily toilet. I may add that I regard this the most effective measure for treating on the principle of disinfection chronic middle-ear inflammations with deafness secondary to old-standing pharyngitis.

The introduction of the salicylates for the treatment of rheumatism has many of the historic features of the introduction of Peruvian bark against malaria. But, unfortunately, there is a difference between the action of the two against their respective diseases. Quinine is an actual germicide to the ague organism which, in its young forms, at least, is soon killed, so as promptly to disappear from the blood after a proper medicinal dose. This may be due to the fact that the malarial organism or plasmodium is of animal, rather than vegetable nature. But bacteria belong to the fungi, and are so much more tenacious of life, especially if in the spore stage, that it is very doubtful if there be a single example of a bacterium germicide acting through the blood.

That the salicylates do not relieve rheumatism by destroying the streptococcus, is made evident by the specific inflammations of the disease going on the same as before. What the salicylates unquestionably have accomplished is that by their specific analgesic properties they make acute rheumatism a much less painful disease, and, therefore, in slighter cases they seem to cure the affection promptly. The earlier they are given and in full doses from the start the better, and it may be that in many such instances while the infection is comparatively local they

may cut it short. But when the blood becomes so charged with the infection that great migrations of the streptococcus take place into the structures contributory to joint cavities, this organism finds in the synovial fluid a most favorable medium for multiplication and the case then becomes one of the most vexatiously tedious in medicine. Scarcely does one joint improve before another is attacked, and for weeks the story keeps up with the patient growing progressively weaker and more anemic. In fact, the salicylates have failed in them, just as all other routine remedies, including quinine itself in many cases of chronic ague, will fail until we can vary the treatment. This may be tried first by changing the form of the salicylate itself. Then if the commonest prescribed sodium salt has been used for days, the salicylate of strontium, in fifteen-grain doses, may be substituted.

That the chief effect of the salicylates is due to their analgesic properties is illustrated by their benefiting other painful affections besides rheumatism. Thus, many muscular pains of Graves' disease are promptly relieved by the strontium salt, better than by any other form; also lumbago and the other pains of fibrositis, or so-called muscular rheumatism, and even in gout it is occasionally useful. If the rheumatism continues obstinate, it is better to omit the salicylates altogether, particularly if they disturb the stomach. Occasionally, the old-fashioned infusion of Peruvian bark seems to be better than anything else. The iodides, in my experience, are useless.

It is, however, the danger of inflammation of the heart structures which gives to the subject of the treatment of rheumatism its chief importance. Otherwise the old saying that the best prescription for it is six weeks in bed might be accepted as affording a safe, though not enlivening prospect. But permanent heart damage is a serious matter, and, instead of six weeks, it may be many years, during which the sufferer fails to recover from that visit of rheumatism, dying at last with one of the slowest and most distressing forms of illness. It is the apparently speedy, but often most deceptive relief of the joint pains by the salicylates which is responsible for so many patients

leaving our hospitals, discharged "cured," but who are afterwards readmitted with mitral stenosis or other cardiac mischief. But the joint symptoms in rheumatism are really of secondary importance, compared with the danger to the heart, which in turn bears no certain relation to the degree of the arthritis. It is in children that the rheumatic involvement of the heart is most to be feared, and yet in them the arthritic symptoms may often be overlooked, because they are so slight. Chorea, also, has no joint symptoms at all; nevertheless, it is followed by endocarditis as often as rheumatic fever itself is. Every form of this infection, therefore, is dangerous to the heart and calls for watchful attention to the heart, not only from the very first, but equally to the last, that is, for weeks after the patient leaves his bed.

A surgeon feels his responsibility when he sets a broken arm or leg, lest after a time the patient return to him with a suit for malpractice. The physician has no such fear after he has done with a case of rheumatism, but he is even more morally bound to use every possible means for preventing a lasting impairment of a much more important organ than any limb.

It is on these grounds that I would urge a return to the former treatment of acute rheumatism, because I am fully convinced that it was effective in preventing the heart from being attacked. Both Fuller and Sir A. Garrard claimed that when the alkaline plan was followed no cardiac inflammations occurred, and I believe they were right. Fuller's aim was to make the urine alkaline as quickly as possible, and to keep it so, a point on which he insisted, because, though it might be rendered alkaline in a few hours, it soon became acid again if the medication be intermitted. It is not necessary to use such a mixture of salts as Dr. Fuller presented, but I have found to answer equally well thirty grains of sodium bicarbonate, with ten of potassium bicarbonate, given well-diluted in water every two, three or four hours, according to the state of the urine, the object being to render the urine alkaline as soon as possible. As rheumatism is characterized by undue acidity of the secretions, as the

profuse acid sweats and the urine testify, it is not an improbable surmise that this condition has a causative connection with the lability of the heart to inflammation, while the indications for the administration of alkalines seem further confirmed now that formic acid has been shown to be formed in such amount by the infecting agent. The alkaline treatment need not interfere with the simultaneous administration of the salicylates, and, in fact, the majority of writers at present are recommending giving alkalines with every dose of a salicylate, to make the latter more effective. I doubt whether they promote the action of the salicylates as such, rather the two classes of remedies work together for the benefit of the patient, but each in their own way, for however freely the salicylates may be given the protection of the heart is not assured till the urine is rendered and left neutral or alkaline. A rheumatic carditis, produces permanent structural changes largely because the great cure for a local inflammation—rest—is impossible. But that is no reason why the physician should not try to reduce the undue hurry of the heart movements, caused by the inflammation, as much as he can. It is curious to me why so many practitioners are timid about employing aconite. They seem to think it dangerous, because it is such a cardiac depressant. It is so only in large, poisonous doses, but otherwise it is a heart restorative, from its power to relieve cardiac pain and irritability, and it actually saves the heart from exhaustion by too rapid action. I give it from the very beginning of a rheumatic fever, and in children for months afterwards, if the heart continues too fast. At the first signs of cardiac pain belladonna is added.

Whenever an internal organ is inflamed the nerves of the skin over it become very sensitive, especially to cold, and this in turn is reflected upon the vaso-motor nerves of the inflamed viscera. If the apex of a lung be fastened by a small pleuritic adhesion to the chest wall, caused by a tubercular deposit, laying the cold hand on that part will at once cause a short cough, when it does not if applied to the sound side. I have no doubt that a pericarditis, and for that matter, an endocarditis, may be seriously aggravated

by exposure of the precordium to the air when the skin is perspiring. In every case of rheumatic fever we should not wait till a murmur develops before the whole precordium is well shielded by a layer of cotton wool. And on the same principle I always direct patients with acute rheumatism to lie between blankets without sheets, for sheets wet with profuse perspiration are not only adhesive and most painful to the inflamed joints when they are moved in them, but they chill the patients, and by so doing aggravate the inflammatory process itself. The anemia consequent upon the rheumatic infection is not the least of the evils which it entails, as it becomes very serious if the attack is prolonged. The routine remedy for anemia, iron, is actually harmful in rheumatism, and it may be well to add that iron does no good in febrile anemias in general. Cod liver oil is the only agent that I know of which seems beneficial in the anemia of rheumatism. It should be given with pepsin, and persevered in until the patient is fully recovered, for it has appeared to me to end the lingering rheumatism itself in many patients who seemed to be in danger of the disease becoming indefinitely chronic with them.

23 East Forty-Seventh Street.

[Written for the MEDICAL BRIEF.]

The Newer Studies in the Diarrheas of Infancy.

BY J. H. M. KNOX, JR., PH.D., M. D.,

Professor of Pediatrics in the Woman's Medical College of Baltimore; Physician-in-Charge of the Thomas Wilson Sanitarium, etc, etc. Baltimore, Md.

For many years no subject has been of more interest to those physicians practicing among children than the epidemic of intestinal diseases which occurs each season, especially in the large cities during the summer months. Attention was first called to these disorders among children in Revolutionary times by Dr. Benjamin Rush. He pointed out the importance when sending the patients away from the crowded districts to the country, of prompt purgation, and restricted diet. Since his time a large number of theories

have been advanced by as many adherents to account for these disorders; but no one factor or set of factors seemed to be constantly present to which the outbreak of these diseases could be ascribed.

With the advent of the study of bacteria, the summer diarrheas of infancy received much attention. Escherich pointed out that the bacterial flora of the intestinal tract was remarkably simple, and that two organisms only were found in predominant numbers. In the upper bowel, *Bacillus lactis aerogenes*, and in the lower bowel, *Bacillus coli communis*. He and Booker and many others have shown that in diarrheal conditions the intestinal flora becomes complicated and the differentiation between the forms present in the upper and lower bowel is lost. The many varieties of bacteria have been described by various writers on these disorders, but none of them seemed to be constantly present in summer diarrhea. It was thought, therefore, that these diseases were not due to the specific micro-organisms, but probably to several.

In 1901, Duval and Bassett, at The Thomas Wilson Sanitarium, working under a grant from The Rockefeller Institute for Medical Research, found in a series of over forty cases of diarrhea of various grades in infants, the dysentery bacillus discovered by Shiga in 1898 in epidemic dysentery in Japan, and since then by several observers in the Philippines, in Europe and in this country in outbreaks of sporadic dysentery. Following the report of these investigators the same organism was found in occasional cases of diarrhea occurring in children in the winter; and in two succeeding summers a systematic investigation has been carried on in the various large cities under the direction of The Rockefeller Institute for Medical Research, with the result that in a large proportion of the cases studied the dysentery organism has been found in the dejecta. It would be unnecessary to enter here into the bacteriological aspects of these studies, except to say that several strains or varieties of this organism, differing somewhat from each other in their reaction upon various sugar-culture media, and in their agglutinating action with serum, have been found. It is important to note that

the organisms have been isolated in cases representing all grades of infection, both in the toxic form, called gastro-intestinal intoxications, dyspeptic diarrheas, fomenta diarrheas, etc., and also in those varieties of the disease in which there is evidence of inflammatory alteration in the mucosa, with ulceration; the latter class commonly known as ileo-colitis. The organisms were found in largest numbers in stools which were largely mucoid in character. Blood was present in not more than fifty per cent of the cases, and then only in small quantities. These clinical results have been verified also by the pathological findings in the fatal cases, where all grades of variation have been present, from those cases in which little or no change was found in the bowel, except perhaps slight lymphoid hyperplasia, to others in which there was extensive ulceration. It seems a fair deduction from these findings to assert as proved that a fairly large proportion of the cases of so-called summer diarrhea occurring in infancy are associated with some variety of the dysentery bacillus. There are many cases, of course, directly attributable to other causes, sour milk, gross indiscretions in diet, etc., other bacteria, which are followed by diarrhea, particularly in hot weather. It is encouraging, however, to clinicians to feel that now, perhaps, for the first time a study of this frightful epidemic among infants is on a firmer basis.

Thus far, no radical alterations in the treatment of these diseases have been indicated by the pathological studies. The success of Shiga, in Japan, with anti-dysenteric serum, in the Japanese epidemic, led to the hope that this would prove a valuable therapeutic agent. Thus far the results obtained by serum in about one hundred cases have not been very encouraging. It must be remembered, however, that but a very small number of babies were injected with the serum in the first few hours of illness, and that in Japan the healing effects of the serum are pronounced only when the serum is given within forty-eight hours after the onset of the symptoms. It is to be hoped that further effort will be made by the clinicians to use this serum at the earliest possible moment. The prophylactic use

of serum may hereafter prove to be useful. This bacteriological study also emphasizes the great importance of the prophylactic measures which have been advocated for years by clinicians. The organism is introduced into the gastro-intestinal tract in children through food or drink, that is, with milk or water. It is possible that the germs may be present in small numbers in the normal intestinal tract, as are the germs of pneumonia in the mouth, without producing any symptoms. Thus far, careful investigation of the stools of normal infants have failed certainly to demonstrate the organism. One is, therefore, encouraged in the hope that with care in the preparation of the food, particularly in securing a pure milk and in the sterilization, by boiling of the water, either used with the milk or between feedings, that many cases of diarrheal disorders in infancy can be prevented.

806 Cathedral Street.

[Written for the MEDICAL BRIEF.]

Tubercular Adenitis in Children from Three to Ten Years of Age.

BY CHARLES MILTON FORD, M. D.,

Dean of the New York Dental School; Professor of Anatomy and Histology in the New York Dental School; Attending Surgeon at the Randall's Island Hospital for Children.
New York City.

By far the greater majority of chronic enlargements of the lymphatic glands are commonly seen in children between the ages of three and ten years and are found to be tubercular. These chronic inflammatory processes are started by the lodgement of the tubercle bacilli in the substance of the glands, and if a little care is exercised the channel of entry of these germs may readily be found in an ulcer in the oral cavity, a decayed tooth, disease of the nose or naso-pharynx, supuration of the middle ear, eczema, or some ulcerative form of skin disease.

The most common site of these enlargements is in the deep cervical region, but they may be found in the pharyngeal axillary or inguinal regions, in a single gland or chain of glands; when the tubercle bacillus once gains entrance in a gland

or chain of glands the process set up is of a slow, chronic type, accompanied by gradual enlargement. The growth may develop into a caseous mass in the substance of the gland or glands involved, or in a large increase of connective tissue in and about the capsule of the gland, with very small foci of caseation. In the first form the enlargement is much more rapid, and the tendency to break down and form abscesses much greater, while in the latter instance the glands become bound together in a fibrous mass or chain and show but little tendency to form abscesses. If the process progresses the glands soften, the surrounding tissues become involved and blood vessels and nerves become enclosed in a large, knotty mass, closely adherent to the skin. The greater number of these little enlargements will finally result in abscesses of varying size. Swelling in these cases is profuse. Again the abscess may begin in the center of the gland substance and gradually involve the whole gland, with very little swelling of the surrounding tissue. The symptoms at first are those of a slight glandular enlargement, increasing gradually and thus apparently remaining stationary for a time. All this time the child may appear to be in fairly good health. The principal symptoms are those of a local affection of the glands. The greater number of these cases ultimately recover if they receive proper care, usually, however, the process will be long-drawn out, often covering several years, and there are often large, unsightly scars as a result of abscess formation and the breaking down of tissue.

While this condition may follow general tuberculosis, it is very seldom that general tuberculosis develops from adenitis.

Treatment.—In the treatment of these cases hygiene and nutrition play an important part. If the child has adenoids, diseased tonsils or hypertrophied bones these should be treated or removed, and the oral cavity rendered hygienic. Plain, nutritious food should be given at regular intervals. Such remedies as cod liver oil, syrup of phosphites, iron and the salts of gualacol may be administered in suitable cases with benefit. Local applications are of little value. All manipulation of

the region should be avoided as much as possible. In some cases potassium iodide in lanolin may be applied at intervals, as a counter-irritant. Surgical treatment consists in opening the abscesses as soon as the suppurating focus has been established. If the abscess is isolated it may be aspirated and a ten per cent solution of iodoform and glycerine may be injected with good result, but in most cases it is necessary to remove the capsule of the gland with a Volkmann spoon. The abscess cavity should be drained and packed until it granulates from the bottom. Care should be taken not to injure vessels, nerves or other structures with which the glands are closely associated. The final result, if these cases are carefully managed, should be a good one.

523 West One Hundred and Forty-First Street.

[Written for the MEDICAL BRIEF.]

Epilepsy and Its Mental Relation— Epileptic Automatism, or Psychical Phases of Epilepsy.

BY MARC RAY HUGHES, M. D.,

Professor of Mental and Nervous Diseases, in
Barnes University, Medical Department.
St. Louis, Mo.

This paper was written for the express purpose of giving to the general practitioner a brief outline of a few obscure conditions of the mind and nervous system. It has been my experience among professional men of the general practitioner type to find that their conceptions of epileptic conditions of a psychical variety have been almost entirely minus, or nearly so.

The true epileptic condition is spasm, the characteristic spasm in *petit mal* and *grand mal*. *Petit mal* and *grand mal* are divided into the so-called organic varieties, and those conditions in epilepsy where we have been unable to ascertain definitely the etiological factors producing epilepsy, merge into what we call idiopathic epilepsy. The next and a more interesting phase of epileptic and epileptoid conditions are known as the psychical equivalents, or psychical automatism. I have made a classification of these conditions and will discuss them in that order: Catalepsy, suggestion, som-

nambulism, dual consciousness, ecstasy, trance and hystero-epilepsy.

These conditions have not always been classified as belonging to epileptic and epileptoid states, but as the subject is studied more and more each year, additional light is thrown upon it, and we are convinced that these complicated psychical conditions are of epileptic origin. It may not be in the law of direct descent, but if not it is in the law of atavic descent.

Catalepsy.—When we speak of catalepsy, auto-suggestion, or what we sometimes call hypnotism, it does not mean that hypnotism is a form of epilepsy, or that all hypnotic subjects are epileptic. Cataleptic or cataleptoid subjects may not have suffered from epilepsy, but it has a bearing upon the subject, and in those patients we find, as a rule, in some branch of their family, a history epileptic in character. The older writers do not discuss the subject of epilepsy in this manner; they have rather ridiculed the idea that many obscure psychical conditions are epileptic in character. There is yet a question as to whether catalepsy can exist with or without an epileptic or epileptoid origin in one of this or a preceding generation. People who are subject to auto-suggestion and self-hypnotism—hypnotic states brought about by the influence of their own single mind, as each individual is endowed with two distinct minds, the objective and the subjective—are not always of epileptic heritage, but many times are. A cataleptic condition is one similar to the hypnotic state; that is, the hypnotic state of a person who has been placed in that condition by another, not auto-suggestion or self-hypnotism. A cataleptic person becomes unconscious, rigid, and in a state of pseudo-coma, with the rigidity that accompanies catalepsy.

Somnambulism.—Dual consciousness is what we might sometimes term "walking sleep." The somnambulist walks in his sleep with his eyes open. Somnambulism and dual consciousness are closely allied. The somnambulist is in a state of psychical automatism. The actions of the body are automatic, irrespective of the mind, or, as we might say, automatic actions of the body irrespective of the inhibitory cen-

ters which govern the psychical mind, or perfect consciousness. The subject of somnambulism is not particularly interesting unless it is combined with another form of psychical epilepsy, and most commonly with this form of dual consciousness.

You will remember the story of Archibald Malmalson (as told by Julian Hawthorne). He (Archibald) was an epileptic and suffered epileptic oblivion, in which condition his mind reverted every seven years, and his actions were those of a period seven years before. For instance, at fourteen, he did the things he was in the habit of doing at seven, such as building block houses, playing with toys, etc. The following seven years were perfectly rational. He was normal between the ages of fourteen and twenty-one. At the twenty-first year the cycle came round, the epileptic condition was present, and he reverted to his fourteenth year. He stole a young woman from the man she had married. He shot and killed the man, fastened stones to the body and threw it in a pond. He took the girl to a secret cellar by a passage he had explored in his younger days, unknown to the present generation, and locked her in, putting the door and mantel back in place, which covered the secret entrance. This was during the time he was rational. His twenty-first year was almost approaching when he had committed the murder and had taken the girl to the cellar and locked her up. He had not more than gotten out and locked the door than the psychical condition again returned and he was oblivious to everything that he had done, his mind reverting to seven years before. When he was twenty-eight years old, of course, his mind again revolved, and he was able to remember what he had done seven years before. He visited the cellar and found the skeleton of the girl, who had starved to death. Perhaps epileptic dual consciousness is the characteristic of all psychical forms of epilepsy, as mere epileptic dual consciousness without the spasm of epilepsy. To have automatism or psychical epilepsy it is not necessary always to have the spasm of epilepsy, but some form of epilepsy can usually be traced back to another generation, whether it be *petit*

mal or *grand mal*. There are many other ways in which dual consciousness makes itself manifest. The story of Dr. Jekyll and Mr. Hyde describes a true case of dual consciousness. We have other psychical conditions which do not bear so much upon the subject of psychical automatism, but still they have a trace of epilepsy running through that generation or through generations gone before. This condition is of direct descent or follows the law of atavism, skipping one generation and making itself manifest in the third.

Ecstasy.—Ecstasy has never been classified as of epileptic origin, but I believe from my own observations that all obscure conditions, such as I have spoken of, are all traceable to epileptoid conditions in the present or previous generations. Ecstasy is a condition resembling hysteria, more than true psychical epilepsy. A person suffering from ecstasy is always in the happiest mood; they are buoyant because of the strained condition of the nervous system, and closely resemble, in this respect, religious fanatics. A person suffering from ecstasy becomes unconscious for a time, because they sometimes lapse into lethargy, or into cataleptic conditions. Ecstasy is accompanied with hysteria, which adds to the manifestations of this malady; they neither have to eat nor drink during the ecstatic seizures, unless it lasts abnormally long, and all bodily functions are sometimes suspended, excepting, of course, the heart beats. They live in a state of grandeur, exciting buoyancy and happiness, and this condition lasts from one to four or five days, depending, of course, upon the severity of the attack. It is a rare condition and seldom met except where it is combined with some form of religious fanaticism or hysteria. The history of one of my cases, suffering from christopathic hallucinations of the Crucifixion, will suffice to partially show the trend of thought and delusions of those in a condition of ecstasy.

"Mrs. ——— (*) grass widow, menstrually regular, aged thirty-two, of Scotch birth, twelve years in the United States, had grip five years ago, and has had

* Alienist and Neurologist, October, 1890.

two miscarriages subsequently. She lived unhappily with her husband, his occupation being unlawful and repulsive to her. She left her husband after he had threatened her with great violence. Shortly after this she heard the Sermon on the Mount, having previously suffered from nervousness and insomnia. Immediately after hearing the sermon the hallucination of the Savior and the crucifixion, the Savior in the sepulchre, and the resurrection appearing to her in succession, with the most painful vividness. She saw Him nailed to the cross, the bleeding feet and hands, the agonizing look, and heard the low, despairing cry. She saw him laid out for burial and saw his ascension. These appearances recurred to her from day to day and come now, but less vividly, only, however, as hallucinations. No deluscent acquiescent involvement of the intellect has developed with the pseudopia. She seeks medical relief and not the following of a miraculous mission. She is, consequently, not deluded, but only hallucinated. The evolution of this hallucination is plain enough. A brain overstrained, its arteriole circulation quickened, its psychic neurons morbidly impressed, so that perception is intensified. The Sermon on the Mount quickens and gives shape to the exalted perception. Its impress remains, but it does not reach the morbid involvement of the reasoning faculties.

Her ancestral history being free from psychopathic taint, she is spared from the development of reasoning christopathy or christopathic paranoia and the community is saved from at least one more of these pitiable paranoiacs we see of late so often among the so-called Christian Scientists, while the world is spared the infliction of another christopathic founder of a misleading sect in a new theology. She does not take her place among the theologic perverts, because the morbid action stops this side of the ideational centers of the brain. The reasoning neurons of the cortex escape the morbid perceptual perversion, and she seeks the alienist and neurologist rather than converts among impressionable people.

Trance.—Trance is similar to that known as the lethargic state, with a few exceptions. They are both states of un-

consciousness, both exhibiting a few differential symptoms. Suffice it to say that only by personal observation of these conditions will one be able to diagnosticate them differentially. Whether or not they bear an important relation to epilepsy is a question that is yet to be definitely determined. It would seem, however, as though persons suffering from those states are the possessors of at least a neuropathic, if not an epileptic, heritage.

Hystero-Epilepsy.—Hystero-epilepsy, as its name implies, is epilepsy with hysteria, a combination of the two. We do not have to have the characteristic seizure of *grand mal* to have a hystero-epilepsy, but being a combined disease, a disease involving the will, as well as the arterioles of the brain, we naturally have the symptoms produced by both conditions; these symptoms produced by these two different conditions will show plainly that the patient is suffering from a combined condition, known as hystero-epilepsy. This disease is most common in women, although we occasionally find it in men, but more rarely. It was formerly considered due to some uterine trouble, but this theory has been proved erroneous, because men have been known to suffer attacks of hystero-epilepsy. A patient suffering from a well-defined attack will begin by slight movements of the muscles of the body and increasing until the arms are being thrown in a number of ways with spasmodic contractions of the muscles, both clonic and tonic; sometimes rolling their eyes around in their sockets, and sometimes throwing them back and remaining stationary in that position. Sometimes we have a definite epileptic spasm intermingled with the distinct symptoms that we find in hysteria. In other words pure and simple, hystero-epilepsy is the combination of the symptoms of hysteria and the symptoms of epilepsy in one individual.

3872 Washington Boulevard.

Please find draft for one dollar for my subscription to the MEDICAL BRIEF for 1905. I think the BRIEF one of the best medical journals on my table, and always read it first, as soon as I receive it.—S. A. CLARK, M. D., Garrison, Neb.

[Written for the MEDICAL BRIEF.]

Malaria.

BY C. URBAN SMITH, A. B., PH. G., M. D.,

Professor of Principles and Practice of Medicine and Diseases of the Stomach in the Maryland Medical College; Physician-in-Chief Franklin Square Hospital; Fellow of the American Medical Association; President of the Baltimore Medical and Surgical Association; Member of the Baltimore County Medical Society and Member of the Medical and Chirurgical Faculty of Maryland, etc., etc., etc. Baltimore, Md.

In examining the blood of patients as part of routine examination, I was impressed by the large number that contained the plasmodium of malaria, and determined to make a regular, systematic record. These examinations extended over a period of three years, and the cases were taken from my clinic at the Franklin Square Hospital and private practice. The blood examination was made for the plasmodium without consideration for the symptoms for which the patients presented themselves. Both dry and fresh specimens were made, relying almost entirely upon the fresh specimen, as my experience has taught me that the stained blood is unreliable.

The number of cases examined was seven hundred and sixty-four, with ninety-one positive, or about 12 per cent. Careful clinical data was made as regard history, temperature, periodicity, or malarial symptoms.

There was a history of acute attacks in only twenty-seven patients, and they dated back from three days to eleven years.

The temperature varied according to the paramount disease, being present in those of an inflammatory or infectious nature, which were complicated with the malaria, and in the acute cases, but was strikingly absent in the majority of those that were not complicated with inflammatory or infectious conditions.

Malarial symptoms, that is, chills, fever, and periodicity, was present in twelve acute cases, and six of the masked or complicated cases.

The number of each variety of the plasmodium was: Tertian, eighty-two; quartan, three, and Astevo autumnal, six.

It was interesting to note how widely distributed, geographically, the cases

were, showing that the disease existed in localities not supposed to be malarial. The following States furnished positive cases:

Maine, one; Ohio, one; Indiana, one; Illinois, one; Indian Territory, one; New York City, two; Brooklyn, two; New York State, one; New Jersey, four; Virginia, five; West Virginia, one; North Carolina, six; South Carolina, two; Georgia, two; Florida, one; Maryland State, twenty-six; Baltimore, thirty-four.

The following gives the diseases from which blood examinations were made, the number of cases, and the number that were positive:

Cases.	Positive.
12 Acute Malaria	12
5 Chronic Catarrhal Dysentery	1
11 Acute Catarrhal Dysentery	1
2 Amoebic Dysentery	0
62 Neurasthenia and Neurasthenia Gastrica	6
37 Atonic Gastritis	2
2 Atrophic Gastritis	0
43 Chronic Catarrhal Gastritis	5
27 Hyperchlorhydria	4
8 Gastric Ulcer	1
11 Gastric Carcinoma	1
2 Pernicious Anemia	0
7 Gastropotosis	0
12 Gastrectasia	1
3 Enteropotosis	0
9 Gall Stones	2
23 Pulmonary Tuberculosis	2
9 Hay Fever	3
7 Asthma	3
3 Chlorosis	0
22 Rheumatism, Subacute	4
7 Rheumatism, Acute	1
1 Pseudo-Angina Pectoris	0
61 Grippe	6
4 Nephritis Parenchymatous, Chronic	0
12 Nephritis Interstitial, Chronic	1
27 Catarrhal Conditions Nose and Throat	5
19 Migraine and Neuralgia	4
37 Uterine and Ovarian Diseases	5
5 Carcinoma Breast	1
17 Typhoid Fever	3
16 Pneumonia, Lobar	1
4 Pleurisy, Tubercular	0
3 Pleurisy, Serofibrinous	0
7 Artero Sclerosis, General	1
55 Bronchitis, Acute	4
2 Bronchitis, Chronic	0
2 Carcinoma, Liver	0
1 Cirrhosis, Liver	0
3 Locomotor Ataxia	0
2 Peripheral Neuritis	1
16 Subacute and Chronic Gout	1
2 Chronic Malarial Cachexia	0
10 Appendicitis	1

Treatment.—Efforts to eradicate the plasmodiæ with the usual remedial agents

was, to a certain extent, frustrated by the complicating disease.

In the cases of pure infection, the results were more satisfactory.

Practically all of the diseases in which the malaria was a complication showed little improvement unless the malaria was also treated.

Quinine has been our sheet anchor in the treatment of malaria, and has been looked upon as one of the few specifics in medicine. There is no doubt that it is, to-date, the best agent we have to destroy the parasite, but we are constantly handicapped by its disastrous effects upon the stomach and nervous system of many individuals, also the large number of individuals that have an idiosyncrasy to the drug. It was the disagreeable effect and inability to administer the medicine in large enough doses, especially in many of the above diseases complicating malaria that made the results often disappointing.

All cases improve under the use of quinine, even in small doses, but frequently after long administration we may still find the plasmodium present in the blood.

Hypodermic injections of the bisulphate and bimuriate of quinine in some of the very acute cases that would not tolerate the drug by the stomach, gave excellent results; also in several of the complicated cases it was the only way that the patients could take the medicine, and the only way that it was possible to completely clear the blood of the parasite.

The drawback to this method of administration was the severe irritation at the point of injection, and in spite of aseptic precautions, abscesses would result.

Many of the patients were kept to the point of cinchonism for five and six weeks without completely eradicating the plasmodia. It is just such cases that act as sources of infection for other individuals.

When the anopheles mosquito makes his appearance in the early summer, he acts as the medium of infection by biting these infected persons, and transferring the infection to a fresh subject, thereby makes a continuous chain of malaria from year to year.

Other remedies used were arsenic, in the form of Fowler's solution, to the point of saturation; also sodium arseniate, hy-

podermatically in some of the very anemic cases, but the irritation produced was extreme.

Arsenic in combination with iron and quinine, especially in anemic subjects, and when the complicating diseases would admit of its use. In the old standing cases prolonged tonic treatment with iron, arsenic and strychnia, with hygienic measures, gave the best results.

Methylene blue, introduced by Erlich, of which so much was expected, has been disappointing in my hands.

Change of climate, or rather residence in another locality, either seashore or mountains, for three to six months, often brought complete recovery when all other treatment failed.

Although finding it practically impossible to destroy the plasmodium, it was most interesting and gratifying to note the improvement in most cases. This was especially striking in the neurotic and chronic diseases that were dominant, and the malaria complicating.

When we consider the large per cent of malaria found in these cases, one might say taken haphazard, it certainly seems that a more systematic examination of the blood of all patients for the plasmodium should be made, even if the cases present no symptoms of malaria, as it is many times masked. From a prophylactic standpoint it is of the greatest importance, knowing, as we do, that these individuals are the sources of infection for others.

1928 West Madison Avenue.

[Written for the MEDICAL BRIEF.]

The Ferments of the Intestinal Tract.

BY W. ANTOINE HALL, M. D.,

Professor of Physiology in the St. Louis College of Physicians and Surgeons.
St. Louis, Mo.

Since indigestion is the most important subject that we, as physicians, have to deal, a little review of the ferments that are found in the intestinal canal will not be amiss.

There are seven ferments found in the intestinal canal. Beginning with the mouth, we have ptyalin, which is found in the saliva. It is present at birth. It is

this ferment which acts upon the starches, especially cooked starches, turning them into maltose, but does not act upon uncooked starch to any extent on account of the protection afforded the starch granules by their cellulose covering. This covering disappears during the cooking process.

In the mouth, food undergoes chemical and mechanical changes; the saliva is mixed with the cooked starch and the chemical action takes place in its reduction to maltose. This change is produced by hydration. Successive molecules of the starch are attacked by the ptyalin and finally they are all converted into maltose if the process is continued long enough. The mechanical change which takes place in the mouth is simply a subdivision of the food, being thoroughly mixed with the alkaline saliva which coats the bolus and renders it easy to swallow. After the bolus arrives in the stomach it there meets an acid fluid, the gastric juice, which contains two ferments—the pepsin and rennin. The alkalinity of the bolus stimulates the little glands of the stomach to activity and causes them to pour forth their secretions. The contents of the stomach when first received are alkaline, but as soon as they are mixed with the secretions of that organ they become acid, due to the hydrochloric acid which is also secreted in the stomach.

The pepsin acts upon the proteids that are contained in the food and reduces them to proteoses and peptones.

The rennin acts upon milk, curdling it and separating the liquid from the solid portion; the liquid portion is absorbed and the solid portion may be acted upon by the pepsin.

The starches undergo no change in the stomach, unless we speak of the arrest of the action of the ptyalin when the contents become acid. The fats are not acted upon in the stomach except the albuminous envelope which surrounds the fatty globules, which is digested off by the pepsin, and the fat is therefore liberated, and, melted by the heat of the stomach, it escapes in this condition. After the food leaves the stomach it passes through the pylorus into the duodenum. Here we find the secretions of two of the most important organs of the body pouring

their secretions, the bile from the liver, and the pancreatic juice from the pancreas. There is no special ferment found in the secretion of the bile, but it seems that the secretion aids not only in the digestion of all kinds of food, but also in the absorption. The secretion of the pancreas contains ferments which act upon all food substances—amyllopsin, which continues the action upon starch, which has been begun in the mouth, converting not only cooked, but raw starch as well, into maltose. Amylopsin is said to be the strongest ferment in the body. It is not found at birth and is present only at the end of the second month of life and is not fully formed until the end of the first year.

Steapsin acts upon fats and prepares them for absorption. Its action is twofold: It saponifies a small portion of the fat, but the greater quantity is emulsified. In the formation of soap the steapsin breaks up a small portion of the fat into glycerine and its corresponding fatty acid. For instance, if the fat undergoing digestion is stearin, which is found in tallow, it breaks it up into glycerin and stearic acid. This stearic acid unites with the alkali present and forms a true soap. The soap so formed plays no very special part in the economy, but simply aids in the emulsification of the remainder. This action can be easily demonstrated by placing in a test tube a small piece of soap, a little melted fat, and albumen; heat gently and shake and a very fine emulsion will be formed. The condition found in the test tube is identically the same as that occurring in the intestinal tract.

Trypsin, a ferment found in the pancreatic juice, acts upon proteids, converting them into proteoses and peptones, continuing the action of the pepsin in the stomach. With this difference, however, trypsin acts in an alkaline medium; it acts by erosion, while the pepsin acts by penetration. Trypsin also acts upon hemipeptone, converting it into leucin and tyrosin, two waste products, and in this way prevents an overabsorption of the proteid material.

We also find a milk-curdling ferment in the pancreatic juice. Its action is the same as rennin in the stomach. In the

intestinal tract we find one ferment—Invertin. It acts upon maltose, converting it into dextrose. It also inverts cane sugar into dextrose and lavulose, hence its name. It inverts likewise lactose, or milk sugar, in galactose; in this form it is absorbed.

This completes the action of the various ferments upon food. We find that the starches have been converted first into maltose and finally into dextrose; the proteids have been converted into peptones and proteoses. The fats have been saponified and emulsified. The salts and waters which are taken with our food undergo no change and are absorbed.

We find that all the ferments with the exception of amylase are found at birth. As this ferment acts upon starches it is evident that it is quite useless to give a child any form of food containing starch until this ferment is fully developed, which is about the end of the first year.

1556 Tower Grove Avenue.

[Written for the MEDICAL BRIEF.]

Correction of Traumatic External Nasal Deformities.

BY HARMON SMITH, M. D.,

Assistant Surgeon Manhattan Eye and Ear Hospital. New York City.

Whereas the subcutaneous injection of paraffin will overcome the majority of depressed nasal deformities, yet there are quite a number where other surgical methods are essential to the acquisition of a perfect result. The most frequent is where a blow has separated the nasal bones and they are flattened down on the face, markedly increasing the breadth at the root and middle of the nose. This may be unilateral or bilateral; in either instance an injection of paraffin, with this obtaining, prevents the result desired.

Sufficient has been written regarding paraffin injection, so that I will only give the method I have employed in correcting this deformity in a series of cases in which some excellent results have been obtained.

If the nasal bones are both displaced and lie out of their proper direction and depressed, I make an incision of one-fourth

of an inch on the dorsum of the nose, about midway between the root and the tips of the nasal bones. This incision goes down through the skin and periosteum. The periosteum is then lifted with a small periosteal elevator—preferably one used for uplifting the mucous membrane from a septal spur, and the whole of the nasal bone from the point of incision to its lower extremity stripped of its covering. The same process is employed on the opposite side through the same incision. Then with a small chisel the nasal bone is chiseled through from its superior to inferior border, with the plane surface of the chisel at right angles to the plane surface of the nasal bone—beginning, of course, at its lower extremity and working up towards its root. This leaves the bone divided into several small squares, which still hold their inner attachment and are immediately covered by periosteum when pressure is exerted externally. These pieces are pressed in towards the median line until sufficient narrowing of the transverse diameter of the nose has taken place. Similar proceedings are followed on the nasal bone of the opposite side. With sufficient breaking up of these bones, the condition is favorable to moulding the nose into any shape required by the contour of the face, and frequently I have found that it raised the dorsum of the nose sufficiently to obviate the necessity of injecting paraffin later. It is sometimes necessary to chisel through the nasal process of the superior maxillary bone in order to get sufficient narrowing to insure a good result.

After pressing in both sides as desired, the incision is closed with an adhesive strip, as less scar remains than when a suture is employed. The mechanical appliances for holding the nasal bones in position after fractures, etc., are not adequate to the requirements, so that I employ several Bernay sponges, after the Simpson cut, placed one over the other in a lamellated fashion, until the top one reaches the dorsum of the nose, and its superior border meets the sponge of the opposite side at an acute angle over the dorsum of the nose, just as shingles meet over the comb of a house. Against these is placed a small hard-

rolled bandage of sufficient size to exert pressure against the base of the nose, when adhesive straps of narrow width are drawn tightly across from the cheek of one side to the temple of the opposite side. I likewise lamellate these strips so that firm pressure is brought against both sides, and the straps all cross directly over the median line of the nose. A small piece of gauze or absorbent cotton is placed under the end of the sponge next the inner canthi of the eyes, to protect them against injury. Now the sponges are wet, and as they swell to eight times their size when dry, considerable pressure is brought against the fractured bones, which are generally held well in place. Some reaction follows this operation, and slight tumefaction results under the eyes, but neither is of sufficient moment to occasion alarm. I permit the dressings to remain for four days, when I reapply when the diminished swelling and slight displacement of straps and sponges relax the pressure. At the end of eight days the patient is ready for dismissal, but I deem it best to wait for two or three weeks before injecting any paraffin, if at this time the necessity obtains. The small scar usually disappears in the course of several months, and I have had no occasion to attempt its reduction by paraffin injection. The operation has proven very satisfactory, as the greater part of it is done subcutaneously.

44 West Forty-Ninth Street.

[Written for the MEDICAL BRIEF.]

Carcinoma of the Rectum.

BY G. MILTON LINTHICUM, A. B., M. D.,

Professor Proctology and Physiology, Maryland Medical College; Visiting Physician to Hospital for Consumptives of Maryland; Surgeon to Franklin Square Hospital; Member of the Medical and Chirurgical Faculty of Maryland; Fellow of the American Medical Association, etc. Baltimore Md.

I wish to direct attention to the frequency of carcinoma of the rectum, not believing that its frequent occurrence in this very important organ has been clearly recognized by the profession at large.

The etiology of rectal carcinomata is as little understood as those which occur in

other parts of the body. Various theories have for centuries been promulgated by enthusiastic supporters, all of which have been weighed in the balance of precision and scientific laws, and found wanting; it would for that reason be useless in a short paper to even attempt to go into them, as it would not prove of any practical value.

While it seems to be the experience of most men to find cancers occurring after forty years of age, more frequently than in the earlier decades, but cancers of the bowel are not confined by any means to later life, but is often found between twenty and thirty, and it is not rare to find it in children under fifteen; indeed, Deaver says his "experience is to find it in young adults as often almost as past the forty-year age." When found in children it seems often accompanied with signs of premature ageing, such as wrinkled skin, grey hairs, etc., which indicate certain degeneration of the tissues a favorable state for the development of malignant growths. It is a well-known fact that rectal cancers occur oftener in men than women, the cause of which phenomena has never been satisfactorily explained.

The alarming increase of the proportional number of deaths resulting from cancers throughout the civilized world is appalling. This great increase, when taken with our lack of knowledge of the cause of cancer, is indeed discouraging and fearful, when we consider that there is no systematic and united effort being made to investigate its causative factors.

Rectal cancers are usually classified into four varieties, but they are so often merged into each other that it would be impossible to differentiate them, with the exception of the infrequent variety known as the squamous, usually found at the muco-cutaneous junction in various parts of the body, as well as at the union of the skin of the anus and mucous membranes of the rectum; it is characterized by a small amount of connective tissue, and numerous flat epithelial cells packed closely together, there being found in a mass of cells often little concentrically arranged groups, spoken of as cancer pearls.

The gross appearance of a squamous cancer presents a little hard nodule, scaly

on its surface, the scab covering it dropping off from time to time, leaving a fresh surface which at each time presents a larger surface. It grows very slowly, and spreads up and about the anus; it follows the lymphatics, and is easy to recognize and very amenable to treatment.

The adeno-carcinomata arise within the tract and have their origin within the mucous membrane, nearly always from the cells lining the crypts of Lieberkuhn; in their early stage, are to be differentiated from the benign villous adenoids; the chief difference is to be seen in microscopical section, showing the irregularity of the cell arrangement and an absence of a basement membrane. It is acknowledged, however, that villous adenoids may become malignant, and are, perhaps, on the border line between the ordinary benign and the malignant growths. Clinically, this form presents a soft, easily-compressible mass, irregular in its outline, and lobulated in appearance, from which a watery substance is easily expressed, the so-called cancer milk from it turning milky when dropped in water.

The medullary or encephaloid variety is very malignant, grows rapidly and recurs soon after removal. It is first seen as an immense mass projecting into the lumen of the gut, reddish or brownish in color, appearing as if it were covered with a tense membrane; later this capsule appears to rupture, and the growth protrudes through, looking much as if a portion of the brain were protruding through one of its coverings; hence the name, encephaloid.

The scirrhus, or hard cancer, occurs less frequently, is less rapid in its growth, and less malignant; its site is in the anterior portion of the bowel, about opposite the prostate gland, and in the sigmoid flexure. Early in the beginning a small nodule-like body is seen just beneath the mucous membrane, which soon breaks down, forming a hard, indurated ulceration, gradually extending around the gut, narrowing the lumen and producing a stricture; on section it cuts like gristle, and edges separate from the cut, due to the large amount of connective tissue.

The colloid form is not often encountered, has the appearance of a jelly-like

mass, and is made of numerous degenerated mucoid cells, filled with colloid material.

It is exceedingly unfortunate that at the time when the symptoms of the presence of malignant growths in the rectum are so vague and indefinite, indeed, in a large number of cases there are practically none in the early stage of its existence, if it be located high up in the bowel; hence it behooves us to give serious attention to anything which at all points to any such trouble, and to remember that cancers of the bowel are not infrequent.

One of the most frequent symptoms in the beginning is a sense of uneasiness which is felt in the sacral region, and particularly a feeling of weight and fullness in the pelvis, increased at the time of defecation. A slight diarrhea, alternating with constipation, is a very important sign, and its recurring from time to time should always demand a thorough examination of the rectum and sigmoid; not allowing one's self to be content with merely making a digital examination, which permits of only exploring the lower three inches of the rectum; but after a digital examination and nothing found, an examination with the pneumatic proctoscope should always be made, for with it a view of the entire rectum and sigmoid flexure, and at the same time, a portion of the colon can readily be obtained. This not being a painful procedure, does not call for an anesthetic. By thus proceeding you will be in a position to diagnosticate practically eighty per cent of intestinal growths at a time when most good may be done. I regret to say that I find among a large number of practitioners a great aversion to even inspecting this region, and I have seen cases of malignant growths treated for months, for piles, and the physician had never even made an examination, merely taking the patient's statement of his condition.

When the growth has assumed some size and begins to break down, there is intense pain, owing to the involvement of the nerve fibres, and their exposure to irritation, quantities of pus and bloody broken-down tissue is constantly dribbling from the anus, a foul, characteristic odor is also present, which is so pecu-

liar to cancer that it cannot be mistaken, and aids greatly in diagnosis.

There is but one treatment which offers any hope of permanent cure, viz., operation. All other methods, such as electricity, Roentgen rays, and antitoxins, etc., have proven absolutely useless and futile. Radium is yet in an experimental state.

The only question then presenting itself is, shall an operation be advised, or the disease allowed to progress and palliative measures be used.

Without operation patients afflicted with carcinoma of the rectum, usually die within two years, whether a colostomy has been performed or not; the last six months of their life is so filled with suffering from intense pain, such great discomfort from obstruction, and the horrible odor and discharge make the patient obnoxious to himself and others. With complete extirpation of the growth, when adjacent organs are not too much involved, which, although one of the most difficult surgical procedures, and attended with considerable mortality, yet the percentage of cures is very good, considering the site of the lesion, and the close connection with other important organs.

Those cases living within three years after operation are considered cures, but many live long after this period.

In a series of one thousand five hundred and seventy-eight complete extirpations of the rectum, three hundred and nineteen died. I believe that when the operation is undertaken earlier in the disease, the results will far surpass the present ones, and it seems at the present time we have in operation the only and sovereign remedy.

1818 North Charles Street.

[Written for the MEDICAL BRIEF.]

Vomiting.

BY J. A. BURNETT, M. D.,
Pauline, Ark.

In obstinate cases of vomiting, the following will usually give relief:

R Carbolic Acid.....	1 drop.
Tr. Opium Deod.....	5 drops.
Bismuth Sub.....	20 grains.

M. Sig.: One dose, to be repeated every two or three hours if needed.

[Written for the MEDICAL BRIEF.]

Some Observations on Gun-Shot Wounds, with Brief Reports of Three Cases of Wounds of the Abdominal or Pelvic Viscera.

BY IRVING S. HAYNES, M. D.,

Professor of Practical Anatomy in Cornell Medical College; Visiting Surgeon to Harlem Hospital; Fellow of the Academy of Medicine, etc.
New York City.

In gun-shot wounds of the abdomen and pelvis, it is a safe plan to ascertain the extent of the damage caused by the bullet. If the viscera have not been injured an exploratory operation can not add to the severity of the condition. Whereas, if a viscus has been injured, and the operation is delayed to be performed at some later time, the probability is that infection will have spread over such an area as to preclude the possibility of a successful termination. Hence, early operation is indicated.

As a general proposition pistol-shot wounds should not be probed, except at the time of operation. If such course is decided upon the best probe is the finger. If a wound is probed without any definite idea of the treatment to be carried out, or if the preliminary treatment is not to be followed by operation, it is almost certain to cause infection of the wound, if it is not already infected. It is impossible in most cases to follow the track of the bullet for any considerable distance, hence the use of the probe is very limited.

In cases where operation is not advisable soon after the injury, as in gun-shot wounds of the face, or in the extremities, it is better to cleanse the point of entrance and exit if present antiseptically, put on dressings, and await further developments. If there is hemorrhage, however, an operation must be performed immediately, no matter where the wound is located, and the vessels secured, either at the point of lesion, or above or below the wound.

Wounds of the viscera should be operated upon as soon as possible, and the damage ascertained and repaired. If no damage has been done, the exploratory

wound can be sutured and the bullet tract drained as in other cases.

Wounds of the thorax are almost always simply left alone; that is, antiseptic dressings are applied, and the wound left undisturbed.

In bullet wounds of the heart, this organ has sometimes been sutured, but this means the promptest possible surgical interference. Details for such serious operations can be obtained in the latest operative surgeries.

The principal features, therefore, in the management of gun-shot wounds are, cleansing antiseptically, drainage, and antiseptic dressings.

Case 1.—M. L. Nephrectomy of left kidney for pistol-shot wound. Admitted August 26. There was severe pain on the affected side, general weakness and blood escaping from wound. On the 28th an exploratory operation was decided upon; a vertical incision was made over the left kidney along the track of the bullet, and the left kidney exposed. The apex of the kidney was found to be much damaged. A serious hemorrhage ensued and it was deemed advisable to remove the kidney, which was done. The vessels were secured by a strong ligature. Ligature, together with small drain, was left in the wound, which closed up to the drainage. The patient did fairly well, drainage was removed in ten days. The sinus closed after a few weeks of dressings at the hospital, and when last seen, five months after admission, the patient was in good health.

Case 2.—F. D., aged thirty; shot by thirty-eight-caliber pistol, in left gluteal region. Bullet found over front of pubic bone at base of penis, from where it was easily removed. The bullet had evidently traversed the bladder, as there was blood in the urine, and watery fluid, in which the bladder epithelial cells were found, issued from the gluteal wound. The following day a perineal section was performed and blood clots removed from bladder. All wounds drained and patient discharged, cured, in twenty-six days, taking a No. 18-E sound.

Case 3.—E. S., twenty-two years of age. Shot one and one-half inches to the left of middle line, and in sixth intercostal space. Owing to a misunderstanding, oper-

ation was delayed, and the patient was seen by the writer twelve hours after the injury. He was then in fair condition. Had vomited blood and there was abdominal distension and pain. An operation showed that the bullet had traversed the diaphragm, left lobe of liver and stomach, close to esophagus. Wounds in stomach sutured, the posterior one with great difficulty; liver wound packed. Abdomen flushed; drainage placed and wound closed. Two and one-half weeks later the abdomen was opened above the pubis and a lot of foul pus liberated from pelvic cavity. The patient recovered and is in perfect health.

1125 Madison Avenue.

[Written for the MEDICAL BRIEF.]

Sprains of the Ankle Joint, With Particular Reference to the Diagnosis from Fractures.

BY PEARCE KINTZING, B. SC., M. D.,

Professor of Principles and Practice of Surgery
in the Woman's Medical College of Baltimore;
Professor of Diagnosis in the Maryland
Medical College, etc., etc.
Baltimore, Md.

Physicians are prone to consider sprains as trivial injuries, and the common expression, "nothing but a sprain," bespeaks this levity. Sprains only too frequently lay the foundation for serious joint diseases. The joints which suffer most are the ginglymoid, and of these the ankle is by far the oftenest injured, because no provision is made for lateral motion or rotation, hence during violent abduction, adduction or twisting, the force being concentrated on the lateral ligaments causes them to overstretch, and often to give way.

These injuries we denominate sprains. In a similar manner, if the force be greater and the ligaments sufficiently resistant, the injury is transferred to the bony elements of the joint.

When a person falls directly upon the bottom of the foot, the lower end being inclined neither inward nor outward, the tibia alone must receive the weight of the body, and, therefore, the fibula escapes. When the force is applied to the inner or outer margins of the foot, so as

to force the latter into extreme adduction or abduction, the external malleolus is subject to powerful pressure. In the first instance that of abduction, by the outer surface of the calcaneum, and in the second that of adduction by the outer surface of both the astragalus and os calcis; in which position the applied force often ruptures the internal lateral ligament, and the fracture may take place in either of the two ways cited.

Given, therefore, a recent injury of the ankle joint, the question arises, is the injury a dislocation, a sprain, or a fracture? Dislocation being accompanied by displacement, and by a change in the relationship of the bony prominences, may be readily excluded. The two remaining injuries have, however, many symptoms in common, viz., pain, disability, swelling, discoloration. If the ligaments are torn, as is the case in severe sprains, preternatural mobility must be added to this list. Indeed, the unnatural mobility of a severely sprained ankle is frequently much more apparent than is the case when a fracture of either the external malleolus or the distal end of the tibia occurs. Furthermore, infusion into the sheaths of the tendons may impart a kind of false crepitus, which makes itself apparent on passive motion and which may readily be mistaken for the real. Yet, withal, it is more probable that the incautious and hasty observer will mistake a fracture for a sprain rather than the reverse. It has been my fortune not infrequently to meet fractures of a week or ten days' standing which have been treated as sprains. These were, generally speaking, fractures in which the injury was brought about with but little violence and which primarily caused little or no disability. In cases of this sort a comparison of the symptoms may not be amiss.

Sprain.—In any age, but mostly in the young or the aged. Pain, most severe. Indeed, we may say that the pain of a badly twisted ankle is one of the most severe to which the human organism is subject. Swelling more extensive. The discoloration coming on at an earlier period. It is to be especially noted that it is the external lateral ligament which is injured, and often it can be felt

as having given way, or its absence may be noted. On the other hand, fractures of this bone most often occur between the ages of thirty and forty, almost never under fifteen. Malgaigne, whose broad experience is summed up in his classical treatise on fracture, states that he has never seen a fracture of the ankle joint in a person under fifteen or over sixty.

The pain of sprain is of the character best described as sickening. This increases by motion. The disability is extreme and instantaneous; as has been said, the swelling comes with marked rapidity. An almost pathognomonic symptom of sprain is "foot drop," which never occurs in fracture, and which is otherwise only observed in palsies. This is due to the rapid exudation which fills the joint capsule.

The injury in case of fracture is most often received when the foot is in abduction; that is, the inner surface of the foot is the pivotal surface or fulcrum. This fact accounts for the rupture of the internal lateral ligament by overstretching, as well as for the broken end of the fibula. It is to be noted that the broken end of the lower fragment is forced inward toward the tibia. In cases of sprain, which our patient so frequently describes as a "turn of the foot," we are familiar with the fact that the foot has turned in such a manner that the weight of the body is received upon the external edge, just the opposite of the manner in which fractures are usually acquired.

I might cite the fact that Malgaigne states that he has never seen the displacement above described in cases of fracture produced while the foot was in abduction. This certainly is controverted by the experience of American surgeons.

Indications for Treatment.—Having determined the character of the injury the question of paramount importance from the standpoint of the patient is, in what manner shall we treat it? The indications for treatment are three. (1) To control the inflammation, (2) to secure the absorption of transudation, and (3) to restore function. Two methods of treating sprains have been in vogue from time immemorial. One might be described as the "heroic," the other as the "rest" cure. In my personal experience

the most satisfactory method of treatment has been as follows: To place the sprained member as quickly as possible after the injury has been received into a solution of hot brine, allowing it to remain there from three to five minutes, then to plunge it immediately into a cold solution of bicarbonate of soda, alternating between these two solutions as long as the patience and perseverance of the patient will permit. The difference in the specific gravity of the solutions, the stimulating action of the alternating heat and cold, markedly and rapidly reduce the swelling by causing absorption of the exudate; they also markedly influence the pain, relieving it more quickly than anodynes. After a rest this treatment should be repeated. About twenty-four to thirty-six hours usually suffices to bring the member into such state that it can be readily and satisfactorily examined without great inconvenience to the patient. If doubt has existed as to the nature of the injury, a correct diagnosis may now be made, with the full assurance that absolutely no harm has resulted from the delay.

The swelling having been satisfactorily reduced, an elastic bandage made from flannel may be smoothly, snugly and comparatively tightly applied. This further reduces the swelling, and, by immobilizing the joints adds much to the comfort of the patient. The second element in the treatment is massage, which may usually be applied about the third day.

A word of caution is necessary with regard to too protracted fixation, as frequently disability, even ankylosis, may result therefrom. If our injury on the other hand proves to be a fracture, all of the indications are best met by the careful application of a plaster cast, which may be applied as well by the practitioner in the remote districts, as by his city brother.

While the X-ray machine facilitates the diagnosis, it is not essential, as a careful consideration of the anatomical points will invariably satisfy us as to the nature of the injury in this well-marked joint.

1818 North Charles Street.

[Written for the MEDICAL BRIEF.]
Cerebro-Spinal Meningitis.

BY HENRY N. READ, M. D.,

Professor of Diseases of Children in the Long Island College Hospital; Attending Physician to the Long Island College Hospital; Attending Physician to Sheltering Arms Nursery; Member of the Kings County Society, Pathological Society, Pediatric Society, Physicians' Mutual Aid Association, etc. Brooklyn, N. Y.

In view of the fact that a large number of cases of cerebro-spinal meningitis have appeared recently, a few words relative to the diagnosis and treatment of this disease will be of special interest.

This cerebro-spinal variety of meningitis is due to the diplococcus intracellularis. Practically, there are but two kinds of meningitis, tubercular and non-tubercular, and the prognosis is largely governed by the classification of the disease. If tubercular, the disease is, as a rule, hopeless. If non-tubercular, prognosis is less fatal, but is still very grave.

The prognosis is better in the cerebro-spinal variety than in that due to pneumococcus, trauma, or any of the mixed infections, including the streptococcus.

Diagnosis.—Diagnosis of the cerebro-spinal variety of meningitis is readily made. When the disease prevails epidemically and is accompanied with an eruption from which the old name of "spotted fever" took its origin, the mortality is very high. Cases occurring sporadically are usually apt to be much milder in character. In any event, it is a dangerous and long-continued disease, marked by a protracted convalescence, and the sequelæ may leave marks which will last through life.

The fever, as a rule, is not very high, seldom rising beyond 103° or 103½° F. The meninges of the cord are most prominently affected, and give rise to symptoms referable to lesions of the nerves coming off from the upper part of the cord, namely, retraction of the head, severe pains at the base of the brain, etc.

Treatment.—The treatment, unfortunately, does not present any very marked features by which we can hope to cure the disease and is confined mainly to the alleviation of the symptoms and supporting the strength of the patient.

Usually it is well to keep the temperature within bounds by cold sponging, and

it is also necessary, in my opinion, to administer remedies for the relief of the pain, and to control the intense nervous excitement.

As the disease usually lasts a long time it is necessary to conserve the strength of the patient as much as possible. I have been in the habit of giving both opium and chloral hydrate, and in good-sized doses, for the relief of pain, the production of sleep and the guarding against convulsive seizures.

Laxatives and careful regulation of the bowels are required. Sometimes counter-irritation to the back of the neck will give great relief.

In children it is necessary that they should be put to bed, in a cool, dark room, all light and noise shut out, and excitement sedulously avoided.

The strength must be supported with nutritious and easily-digested food, such as juice of meat, milk properly prepared, eggs, and stimulants used with care.

After the second week, if the fever is reduced to 102° F., and the convalescence seems to be sure, I have found of benefit the administration of Brown-Sequard's mixed treatment of the iodides and bromides, which are used in epilepsy. This to be continued for two or three weeks, or until constitutional symptoms have disappeared.

This disease usually follows a long and severe winter with dampness, and rigid weather conditions; the general vitality of the patient seems to be impaired after such season has passed.

Spinal puncture has not proved of any benefit in my hands, as regards treatment, though enabling us to clear up a doubtful diagnosis.

Recovery seldom takes place in less than six weeks, and may require a much longer time.

228 Clinton Street.

[Written for the MEDICAL BRIEF.]

Cough Following Colds.

BY ROBERT C. KENNER, A. M., M. D.,
Louisville, Ky.

On page 432, May issue, I had an article on this subject, and wish to have the dose of the second prescription read a tablespoonful instead of a teaspoonful.

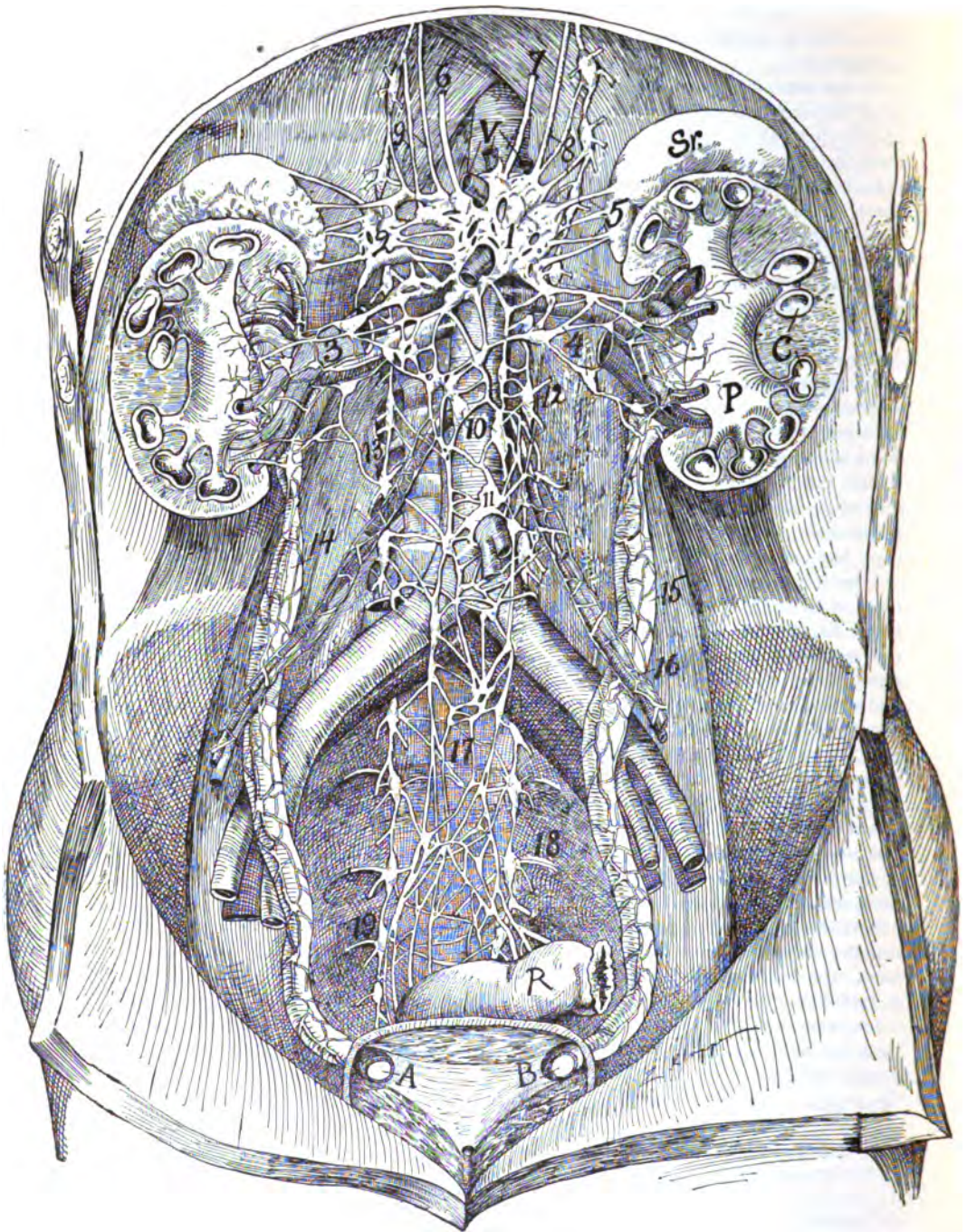
[Written for the MEDICAL BRIEF.] Views on the Abdominal Brain.

BY BYRON ROBINSON, B. S., M. D.,
Chicago, Ill.

Every Organ Has Its Rhythm.

In this short communication I wish to present some views on the abdominal brain, both practical and theoretical, with two drawings from nature illustrating its dimension, location, contour and distribution.

For a decade and a half I have investigated and written on the subject of the sympathetic nerve—the abdominal brain and automatic visceral ganglia. During those fifteen years I have published numerous articles and a large edition, my book "Abdominal Brain and Automatic Visceral Ganglia," is out of print. However, periodically some physician has published an article claiming new views; yet I have not read a single article containing the so-called new views that was not published in my investigations. Recently a physician claimed that the solar plexus was the seat of shock, but had never noted a reference to that in literature. This I had discussed repeatedly in my work. Another physician claimed that irritation in the ductus biliaris from calculus produced spasm of the intestines. Surely such an effort has been thrashed over for years and is not new. The manifestations of the abdominal brain—anatomic and clinical—entitles it to the dignity of a nervous center—a brain. It receives sensation, reorganizing it and emitting motion. It is a receiver, a reorganizer, an emitter of nerve forces. First, we must consider the abdominal brain, the semilunar ganglia or solar plexus, in the physiology of the sympathetic. This large ganglion receives sensation and emits motion; it is a brain. It is situated (see Figures 1 and 2) at the root of the great visceral artery, i. e., at the foot of the celiac axis. It lies behind the stomach and entwines itself about the aorta and root of the celiac axis and superior mesenteric artery. In short, it is located at the roots of the celiac, renal and superior mesenteric arteries. It supplies all the abdominal viscera. It is a gigantic vaso-



ABDOMINAL BRAIN.

Fig. 1 is a drawing from a subject possessing a typical large abdominal brain with the ureter, bladder and urethra dilated into a single channel without sphincters intact. 1 and 2, abdominal brain; 3 and 4, renal plexuses; 5, plexus adrenalis; 6 and 7, the two vagi; 8 and 9, the three splanchnics on each side; 10, the two spermatic ganglia; 11, inferior mesenteric ganglia; 12 and 13, lumbar lateral chain of ganglia; 14 and 15, dilated ureters wrapped by nerve plexuses; 16, arterio-ureteral crossing; 17, hypo-gastric plexuses; 18 and 19, lateral chain of sacral ganglia; A and B Patulous ureteral orifices.

motor center for the viscera, as is shown by its location at the roots of celiac, renal and superior mesenteric arteries—the great abdominal visceral blood way. It is connected with almost every organ in the body, with a supremacy over visceral circulation, with a control over visceral secretion and nutrition, with a reflex influence over the heart that often leads to fainting and may even lead to fatality. It commands visceral peristalsis. No wonder that we may consider the abdominal brain the center of life itself, as the cranial brain is the center of mental and psychical forces.

The abdominal brain, or solar plexus, is composed of the aggregation or coalescence of a large number of ganglia. The abdominal brain is composed of two semilunar ganglia—compact masses of nerve cells, nerve cords and connective tissue. During many dissections I have noted that the right semilunar ganglion is the smaller (see Figures 1 and 2), doubtless because it lies dorsal to the inferior vena cava, and hence has suffered from pressure atrophy. Each of the semilunar ganglia receives the great splanchnic nerve of the corresponding side. The abdominal brain receives the two vagi—cranial nerves. It may be here stated that although the semilunar ganglia are located on the sides, they are practically so intimately associated with the solar plexus that we insist in combining all the names into one, viz., that of the abdominal brain.

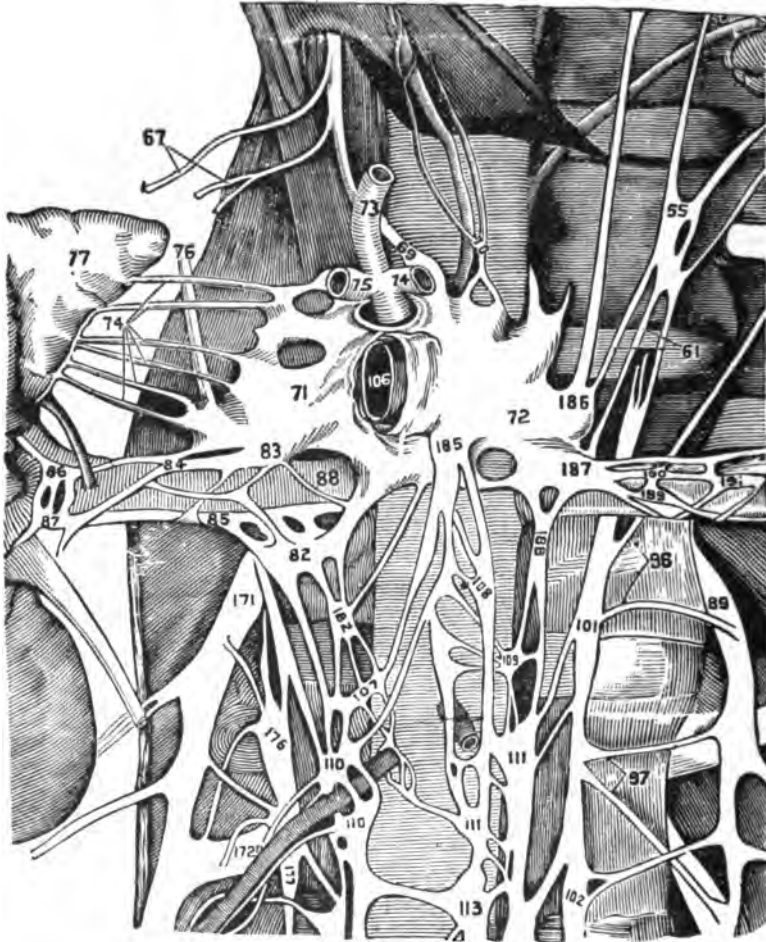
All plexuses or strands of nerves are secondary to the abdominal brain. The significance of the abdominal brain in the visceral physiology, *i. e.*, in life, may be compared to that of the sun over the planets. The influence of the sun rules the planets, though they are influenced by other suns and planets (*e. g.*, the cerebro-spinal). The abdominal brain has ganglion cells (brain centers), nerve strands (nerve conductors) and a peripheral nerve apparatus (for collecting sensation), just as the cranial brain possesses all central conducting and peripheral apparatus. The abdominal brain can live without the cranial (shown by living fetuses with no trace of cerebro-spinal axis), while the cranial brain and cord can not live without the abdominal

brain. The great sympathetic ganglia, of which the abdominal brain is the ruling potentate, is the center of life itself. So long as the forces of life, assimilation, circulation, respiration and secretion and absorption proceed undisturbed, as in health the abdominal brain remains a silent, steady, but ceaseless worker; but being unbalanced by peripheral or central irritation, it quickly manifests or resents the insult. From the abdominal brain large plexuses with numerous nerve strands pass to every abdominal viscus, connecting the viscera into a delicately balanced, nicely ordered, exquisitely arranged apparatus for the object of maintaining life. The nerve plexuses or strands are arranged along the highways of nourishment—blood and lymph vessels, vary in size according to the importance of the viscus supplied.

Second, we must consider the automatic visceral ganglia to comprehend the domain of power possessed by the abdominal brain and its clinical manifestation. The automatic visceral ganglia are lodged in the walls of the various visceral tracts and every plexus of each visceral tract leads to the abdominal brain. When the abdominal brain receives a sensation it reorganizes it and emits it on lines of least resistance, which means that the motion travels with greatest facility on the plexus possessing the greatest number of nerve strands. Important visceral tracts, significant to life, possess rich nerve strands and plexuses, as *e. g.*, the tractus intestinalis, genitalis and urinaris. A few common examples of irritation, disease in any one visceral tract, will demonstrate the clinical manifestation on the abdominal brain and the other visceral tracts. It is plain to the anatomist that the abdominal brain with its various nerve plexuses to the visceral tracts are finely and exquisitely balanced. It should be plain to the physiologist, the clinician, that irritation, disturbance, disease in any one visceral tract, will transmit the abnormal force to the abdominal brain, reorganizing it and emitting it, pellmell, disorderly, wildly on all other visceral tracts, causing disorder of secretion, absorption and peristalsis. Take, for example, the tractus genitalis. Menstruation, which should be a normal

process, is frequently disordered, and the woman is ill. A distinct clinical manifestation of menstruation on the tractus intestinalis is derangement of secretion, absorption and peristalsis. Absorption and secretion become excessive, deficient or disproportionate and the result is

ing an irritation which, being transmitted to the abdominal brain, is reorganized and emitted over nerve plexuses to the tractus intestinalis, inducing derangement of absorption, peristalsis and secretion, ending in fermentation, indigestion, nausea, vomiting. The effect of menstua-



ABDOMINAL BRAIN.

Fig. 2. (Byron Robinson.) This illustration, drawn from a cadaver, illustrates the location, relation and radiating plexuses of the solar plexus, or abdominal brain (71 and 72), which is built around the visceral artery—the celiac (73, 74, 75) and superior mesenteric (106) arteries; hence it dominates the visceral function as to vascularity (blood and lymph), peristalsis, absorption and secretion. The clinical manifestations of the abdominal brain are co-extensive with that of the abdominal viscera. This ganglion of the first magnitude presents radiating plexuses to all the abdominal viscera, presenting an exquisitely balanced and poised nervous mechanism, controlling vascularity (blood and lymph), peristalsis, absorption and secretion.

fermentation, gas in the intestinalis tract—indigestion. The peristalsis becomes excessive, deficient or disproportionate, resulting in constipation, diarrhea or vomiting. Pregnancy by the expansion of uterine contents stretch, compress, traumatize the nerves of the uterus, caus-

tion, gestation, in the tractus genitalis, is to induce marked changes, disturbances in the tractus urinarius—the peristalsis, absorption and secretion of the tractus urinarius is deranged, disturbed, diseased; albumen occurs, excessive or deficient urine is secreted, nephritis may

exist. Appendicitis nearly always produces its first effect—pain—in the region of the abdominal brain, *i. e.*, the irritation in the appendix is transmitted to the abdominal brain and reorganized as pain. This may be followed by disordered, excessive peristalsis—vomiting. Finally when the appendicitis becomes established, localized, the pain is felt in the region of the appendix. In calculus of the biliary passages where incarceration of the calculus arises the irritation is rapidly transmitted to the abdominal brain where it is reorganized and emitted to the tractus intestinalis with result of excessive peristalsis and nausea or vomiting, while absorption and secretion suffer equally. Now excessive peristalsis is simply spasm of the tractus intestinalis, which will not cause obstruction, for the muscularis would sooner or later become tired, paretic, allowing the passage of contents. Hence operation for spasm (excessive peristalsis) of the tractus intestinalis due to calculus in the biliary channels is unnecessary, for paralysis of the tunica muscularis would overcome it.

Irritation, calculus in the tractus intestinalis, rapidly produces derangement of the tractus intestinalis from transmission to the abdominal brain over the renal plexus, reorganizing and emitting to other visceral tracts. The tractus intestinalis is affected the most, in all automatic ganglionic visceral irritation, because it is supplied by the greatest number of nerves and ganglia; it is a primitive extensive dominating visceral tract of life. Examples of the clinical manifestations of the abdominal brain might be indefinitely multiplied, but from the above may be gained views for diagnosis and practice. Irritation on the automatic visceral ganglia should be removed to insure physiologic balance of the visceral tracts. For example, constipation on the tractus intestinalis and concentrated urine of the tractus urinarius—both manifest irritants—can frequently be removed with facility by the regular administration of ample fluids.

100 State Street.

[Written for the MEDICAL BRIEF.]

The Undulatory Theory in Therapeutics.

BY SAMUEL S. WALLIAN, A. M., M. D.,
New York.

[Paper 2.]

RATIONALE OF VIBRATORY THERAPEUTICS.

In the course of the later investigations of the nature of matter, it has been practically determined that the heat of a body is induced and controlled by the friction of its constituent corpuscles, or, if you please, *ions*, revolving or gyrating around each other and among themselves.

Any influence that will accelerate this intercorpuscular motion will increase the temperature of a body. Mechanical vibration can be made to increase the temperature of a part, therefore it is a logical inference that it increases the velocity of the intercorpuscular motion. It is also found by actual experiment that mechanical vibration can be so applied as to reduce the temperature of a locality or part.

Heat is attributed to what are termed thermal waves, and these waves are estimated to be the result of the lowest or slowest rate of undulatory or vibratory motion of which our perceptions take cognizance.

A higher velocity of wave motion or undulation produces light, and these waves are called photogenic.

Another definite increase of velocity produces chemical waves, which stand at the head of the list.

Each of these distinct variations of wave or vibratory velocity has its definite sphere in connection with vital phenomena. The respective spheres of heat and light rays have been quite generally investigated and discussed. The field of action of the chemical undulations has been under active investigation since Roentgen's discovery of his X-ray, which, with the ultra violet, is the best material exponent of the highest known, or at least the highest computable velocities. Thus far it has been demonstrated that these high-frequency vibrations are intimately associated with all the more complex vital phenomena—metabolism and tissue metamorphosis.

The velocity of heat and light waves has been at least approximately measured. The rate of the latter is given as two hundred thousand miles per second, estimated as you would estimate the speed of a railway train. This, however, gives no clue to the frequency of the vibratory repetitions. When, as in case of the X-Ray, n-ray, b-ray, d'Arsonval, ultra violet, and other so-called high-frequency currents or vibrations, all of which have thus far been electrically excited, the vibrations are so rapid that they can only be hypothetically computed. All the electrical phenomena are the result of vibrations, each particular kind having its own definite rate; and the new metals, radium and polonium, emit a rate so incomputably rapid that they are called radiations instead of vibrations. It may be assumed, therefore, that radiations are vibrations having such a velocity that we have no means of measuring it.

When force is manifested in the form of heat waves, it is not usually visible. If their velocity is gradually increased it finally makes itself sensible to the organs of sight, constituting what is known as red light, the lowest division in the spectrum. The other colors of the spectrum follow in their well-known order as the vibratory velocity is increased, ending with the actinic or chemical rays, which are also invisible.

The polarization of electrical currents and exciters is but an interference or interruption in relation to their relative rapidity.

This brings us to a study of nerve currents or vital currents, and makes it at least plausible that these currents can readily become so deranged as to be called polarized impulses.

Since light rays are easily diverted, bent out of course or interrupted, as by the interposition of a simple crystal of tourmaline, or some other accidental substance, and are again restored to their primitive character by an equally simple interposition, thus illustrating how slight a cause may influence important results, so in the realm of vital chemistry, disturbed impulses may be brought back to normal conditions by influences which at first thought would be considered trivial and of no force.

Coming down to practical applications, what is the scope of mechanical vibratory impulse in the amelioration and "cure" of the every-day maladies, for which the public seeks the aid of the physician?

In a sweeping way it may be said that its fundamental and far-reaching influence and capacity lies in its power to both control and stimulate tissue metamorphosis. To do this it must be able to both enhance and inhibit vital functions—circulation, secretion and excretion. This it can be made to do both directly and indirectly. Directly by being applied locally to dormant, disabled, anemic or atrophied organs or parts. Indirectly by physiological stimulation of trophic nerve centers that control certain important vital functions.

First of all, it can be efficiently invoked to increase or diminish the blood-supply of a part. As regards superficial parts, manual massage can be made to accomplish the same result, but possesses feeble power over deep-seated organs, requires the expenditure of much time and strength on the part of the operator, and has practically no influence over deep-seated nerve or trophic centers.

In like manner mechanical vibration can be made to stimulate sluggish or debilitated absorbents and lymph glands, and to restore dormant secretory organs to normal or even excessive function.

In any means that will definitely accomplish these physiologic and therapeutic results the student of pathology will recognize almost unlimited possibilities. No drug or class of drug remedies can be relied on to produce anything like such varied and comprehensive changes in the functional condition of an organism. Nor is it necessary to point out in detail and by name the long list of ailments to which such a measure can be adapted. Disturbed circulation can be equalized, congestions dispersed, neoplasms and hypertrophies discussed, and both secretion and excretion or elimination promoted. The diseases that hinge upon one or more of these abnormal conditions are almost legion.

[Written for the MEDICAL BRIEF.]
Preventive Medicine.

BY D. A. BLAIR, M. D.,
 Ellisville, Ill.

(Continued from page 408.)

CLEANLINESS.

"Cleanliness is next to godliness."

—SHAKESPEARE.

The proper care of the milk and utensils used, including the bottle and nipple, is of the greatest importance; and, a greater number of cases of cholera infantum would be prevented than are cured, if the physician would give explicit instructions concerning this all-important task.

The choice and care of the cow is quite important.

First.—The cow should be *young* and *healthy*, and it should have become fresh a few weeks prior to the birth of the child.

Second.—The cow should be kept in a clean, airy stable, and should be kept on dry, nourishing food, with good, pure water. It should not be turned out in pasture during the early months of the child's life.

Third.—The milker's hands, together with the cow's udder and teats, should be thoroughly washed before milking.

The bucket, strainer and containers should be washed with soap, rinsed with boiling water, aired and sunned after having been used, and scalded again immediately before using.

Fourth.—The milk should be strained and left uncovered until the animal heat has left it. The milk required for the child should be sealed in air-tight bottles or jars, enough for one feeding in each jar, and if the weather is warm, these jars should be placed on ice or submerged in cold water. The milk, while cooling, should *never* be placed near anything which has a strong odor, such as onions, codfish, etc.

A number of nursing bottles should be kept on hand, and these should receive especial care. Bottles that have no shoulders or inaccessible corners should be used, to insure every part being clean. Bottles with tubes should be shunned as you would a deadly poison, for that is

what they contain after having been used, as they *can not* be cleansed.

The nipples, if they are in sections, should be taken apart and the nipple washed outside, then turned wrong side out, and the same process gone through with. Each separate part of the bottle and nipple should be washed with soap and rinsed with boiling water every time it is used, and then filled with a boiling solution of common soda, and left standing until wanted, when it should be emptied, and rinsed with *boiled* water and filled with the milk, and it is then ready for immediate use.

Every twenty-four hours, or even more frequently, the nipple and bottle should be placed in a pan and boiled for at least ten minutes.

EXCESSIVE HEAT AND CHANGES.

Sudden changes in temperature are a strong factor in the production of intestinal troubles of this nature, and should be guarded against by suiting the clothing to the temperature.

Especially is this true of excessive heat, and it is a very important factor in the troubles arising during the summer months. In the first place, the emunctories of the skin, taken as a whole, eliminate large quantities of the accumulated impurities of the system. Now, as the glands of the skin are more exposed to the sudden changes, it is through this agency that many times these troubles are brought about, for by the closing of these pores these impurities are retained in the system and Nature seeks to throw it off by the bowels and kidneys, and this overtaxes these organs of elimination, thus by this over-taxation, and the abnormal conditions existing, caused by the absorption of morbid substances into the blood, producing a nervous depression and a consequent infection of the entire system. Also, heat depresses and decreases the resisting power of the nervous system, and as a result, it is more susceptible to any abnormal changes.

And then, too, all conditions are favorable to the production of micro-organisms, and thus we have, as a result, the epidemic troubles of this kind during the heated periods.

Now, as for the preventive treatment for these troubles, since the causes have

been given, the absence of them will, of course, mean the absence of the disease.

Stated concisely, to prevent the diseases incident to the second year of childhood, give the child pure air, an equable temperature, with frequent baths; pure, wholesome food at proper intervals, generally not more frequently than every two hours. Have *absolute cleanliness* of vessels used in feeding, sterilize them by boiling, and keep the bowels clear of any matter that might be injurious, by flushing them with sterilized water.

DENTITION.

Dentition is given as the cause of many of these troubles of indigestion, etc., but, while it may be, still I do not think it is the prime cause, and we will have to go deeper in our etiological research to find the logical cause.

It is true, we find that the nervous phenomena are exaggerated during the period of dentition, still, if we observe a child that is teething during the cooler months, we do not get such grave symptoms.

Dentition being a physiological process, unless there are other complications, there should be no greater disturbance of the general system than that caused by the natural development of any other part of the organism; but what we find generally, when called to attend cases of this kind, is a poorly-nourished child. If called in the beginning of the trouble, the emaciation may not be so marked, but we find a hyper-sensitive, nervous condition, which causes pathological changes, that in turn bring about a disturbance of the physiological functions.

The varied changes thus brought about are not noticeable alike in all, but are more marked in children of a neurotic diathesis, for the delicate nervous organism readily responds to any disturbance of the physiological functions, no matter how slight.

My opinion is, that this abnormal condition superinduces disturbances of dentition, and that this is the outcome of the same processes, operating in the system, which result in gastro-intestinal troubles. They are the diseased manifestations of the same abnormal functions. Dentition occurs at all seasons of the year, but it is only when conditions favor

decomposition of organic matter, and which produce micro-organisms and infection, that we have gastro-intestinal troubles of this kind.

"This is the way the physicians mend or end us."
—BYRON.

PROPHYLACTIC SURGERY.

As the successful termination of every case of surgery depends upon the proper sterilization of the instruments, the surgeon and assistants, and the field of operation with the dressing, it is quite fitting that cognizance should be taken of it in a paper of this nature.

INSTRUMENTS.

Instruments should consist only of metal, and should be without indentations of any kind. They should be constructed as simply as is consistent with the purpose for which they are designed. The only sure and safe method of sterilizing instruments is by wrapping them in some soft material to protect the edges, and placing them in a suitable vessel and boiling thoroughly for fifteen or twenty minutes in a one per cent soda solution, and when removed and cooled they are ready for use. This seems to be the most convenient, as well as the surest method.

SURGEON AND ASSISTANTS.

The outer surfaces being exposed to the atmosphere can not but be infested with micro-organisms, which, if introduced into the system through any surgical or other wound, would produce serious results. We, no doubt, have all seen cases where, through the neglect of the operator or assistants, septic poisoning has been produced. Hence, it is imperative that *absolute surgical cleanliness* be obtained on the part of the surgeon about to operate.

First, the hands and forearms should be brushed energetically, using hot water and green soap, and after ten minutes' faithful work, they should be dried on a sterilized towel. A thorough cleansing of the nails is of the utmost importance. The nails should not be filed, as the file leaves minute irregularities in which microbes may find a lodging place, and are difficult to remove. We should put away all finger rings, as they are worse than useless and your patient's life may be the price paid for your foolish pride, for no

matter how clean and smooth the rings are, micro-organisms can find a nesting place in the minute folds of skin caused by the ring, and thus the patient may become infected. When the nails are thoroughly cleansed, the hands and forearms should be bathed in an eighty per cent of alcohol, then washed in a one one-thousandth solution of bichloride. After this procedure the work will have to be done over again if anything unsterilized be touched.

THE FIELD OF OPERATION.

Great care must be given the patient, and the field of operation. The skin must be cleansed by several baths, and over the field of operation the skin should be scrubbed with ether after the last bath.

If hair is present, the parts should be carefully shaved, and especially is this true in all abdominal operations. After the shaving, the field should be carefully scrubbed with green soap and hot water, and afterward with an eighty per cent solution of alcohol, and then with one one-thousandth solution of bichloride of mercury. In operations in the region of the umbilicus, particular care should be exercised in the complete sterilization, as the folds of the umbilicus are very difficult to cleanse. Where this can not be completely done the next best thing to do is to seal the micro-organism up in the umbilicus by the use of a sterilized preparation of iodoform-collodion.

If the operation is that of laparotomy, it is best to cover the field of operation with green soap and let it remain for three or four hours, when it is removed with the epithelium, after which, the field is covered with a towel, which is saturated with a solution of one one-thousandth of bichloride of mercury.

Should the operation be on the feet, a still more thorough method must be pursued, because, generally, the feet are not washed as often, and the skin being thickened, they can not be sterilized by ordinary methods; hence, we resort to the following procedure: A thorough scrubbing is given for four successive days, after which a bath in a solution of one five-hundredths bichloride of mercury is given, then the feet are covered with aluminum acetate, and this surrounded with oil silk to prevent evaporating. This

is repeated for three or four days, when the thickened skin can be removed and with it the germs of infection.

It is quite apparent that mucous membranes are not so easily or perfectly sterilized, from the fact that chemicals strong enough to destroy micro-organisms, would do serious injury, so that mechanical means will have to be depended upon almost exclusively.

In operations on cavities, such as the vagina, the pudendum should be shaved and thoroughly cleansed in the manner described, and the vagina washed with *sapo viridis* and hot water, and then wiped with sterilized gauze, saturated with ether, or the parts may be sprayed with an ethereal solution of iodoform.

The same process may be pursued in other cavities, where operations are to be performed, although a perfectly aseptic condition of a diseased bladder or rectum are as yet unknown.

Operations on the urethra or bladder should be preceded by irrigation with a one twenty-five-thousandths solution of bichloride of mercury; this should be done every six hours for at least three days before the operation; also, the urine may be sterilized by the administration of some antiseptic, such as salol or some other disinfectant. In operations on the mouth the same precautions should be taken, the teeth should be thoroughly cleansed, then a solution of permanganate of potassium or boric acid may be used, washing the mouth thoroughly every two hours for at least two days before the operation.

In any operation, be it major or minor, the same *care* should be exercised to prevent infection. By thus preventing infection, we, to a greater or less extent, deprive surgery of its terrors, and the "grim rider of the pale horse" of many of his victims.

We know that in the past the ignorance of the laws governing surgical sepsis was the cause of much suffering, and the great per cent of fatalities resulting from surgical operations. Does it not incite every conscientious operator to use every precaution science and experience have given him for the preservation of human life and the prevention of suffering? We can only do this by careful attention to our

own actions, and by instructing the laity in regard to the possible results of carelessness in their everyday life. Many persons die from having poisoned themselves in trimming their corns with an infected knife or razor, or pricking a small abscess with an unclean pin. If they had been told that the parts should have been washed and the instruments been boiled, they would not have fallen victims to that most potent of all agencies destructive to human life, viz., *ignorance*.

Man, in health, has little knowledge of the strength of the silver cord which binds him to this physical world, and yet almost every day he sees the poetic statement proven true, that

"Tis the wink of an eye,
 'Tis the draught of a breath,
 From the blossom of health
 To the paleness of death."

But, we think, as time passes, and greater enlightenment on these matters is obtained by the general public, fatalities from such causes will not then be so numerous, and the work of the surgeon, when called, will show better results.

The field of preventive medicine is limitless, and, as yet, we have only begun the task of exploration, and ideas, which we deem to-day worthy of putting into practice, in years to come will be looked upon by those who follow us as very crude and imperfect, for they will have done as we have, improved by the mistakes of their predecessors, else they will not have reached the full stature of their noble sires. For we believe it is true, as the poet sings:

"I hold it truth with him who sings
 To one sweet harp in divers tones,
 That one may rise on stepping-stones
 Of our dead selves to higher things."

And so it is, we do rise by the stepping-stones of investigation. As a theory or idea is found to be false or imperfect it is placed beneath our feet by the master builder, and we rise one step higher, and are that much nearer the apex of that vast pyramid, whose broad and deep foundation was laid by our professional fathers.

And again is our horizon extended and we see, "not the same that our fathers

have seen," but vaster fields of investigation. Like Moses of old, we may never be permitted to enter that promised land, which is so rich in everything that, to the earnest student, can be made to yield ideas, the proper and intelligent application of which will fall like a benediction upon suffering humanity. Ever since the days of Adam, when by his transgression of some one or more of the laws of Nature, and as a consequence the seeds of disease and death were sown, it has been man's constant effort to shun the one, and postpone the other, and to lengthen out the thread of life to its greatest possible limits, for life is sweet to all, and we are willing to accept the cup, and drain it to the dregs, and at last go tottering to the grave, "sans eyes, sans teeth, sans everything." And still on this, the dawn of the twentieth century, as we pause a moment, and, in a retrospective frame of mind, pass in review the many and almost miraculous discoveries made in the medical world, and compare the methods of this century with those of its predecessor, we can not but be encouraged to have greater hopes for the present one. How much better facilities has the physician of to-day to prevent and relieve human suffering than had those who have just passed off the stage of action! How much ignorance and superstition have been dispelled! How many better laws have been enacted to prevent the spread of those contagious diseases, which in the past were present in epidemic form almost continually! How much information has been gained pertaining to the laws of heredity, and the equally obscure subject of insanity, its diagnosis and treatment! What tremendous strides have been made in surgical asepsis!

And yet we can not help but realize that as we acquire greater knowledge there are greater responsibilities placed upon us.

"Let us then be up and doing,
 With a heart for any fate,
 Still achieving, still pursuing,
 Learn to labor and to wait."

—LONGFELLOW.

[Written for the MEDICAL BRIEF.]
The Cause of Malarial Fever.

BY J. MORRISON, M. D., PH. D.,
Washington, D. C.

(Continued from page 400.)

Methane, commonly called marsh gas, having the composition of one atom of carbon and four of hydrogen, is another gas which results from the decay of carbonaceous matter under water, and is, no doubt, a factor in causing malarial fever.

It is the simplest of the hydro-carbon compounds, is colorless, odorless and but very slightly soluble in water. It burns with a fairly luminous flame, generating water and carbon dioxide. It is a constituent of coal gas, and when mixed with air in the proportion of about one to ten, is violently explosive and forms the so-called "fire-damp" of coal mines. When inhaled in a pure state it is fatal to life, but is not very noxious when mixed with air, even when it forms four or five per cent of the mixture.

Hydrosulphuric acid gas, having the composition of two atoms of hydrogen and one of sulphur, is another very poisonous gas, sometimes found in paludal exhalations, especially if any animal matter is present; but it may be generated in small quantities from the decay of plants containing sulphur. This gas is very easily recognized by its offensive odor, which resembles that of rotten eggs. It is also a constituent of sewer gas, and sometimes of coal gas. That these gases, especially the first, or mixtures of them, are the chief factors in causing malarial fever, there cannot be the shadow of a doubt, because this fever always exists in localities in which these gases are generated. Good drainage, thorough cultivation of the soil, and the removal of dense forests or thickets, so as to allow a free circulation of air and the admission of the direct rays of the sun—nature's great disinfectant—have always made malarial localities salubrious, independently of the presence of mosquitoes.

In the dense forests of Africa, Central and South America, localities most favorable for the production of carbon mon-

oxide, malarial fever assumes a malignant type.

Dr. Livingston, the African explorer, lost many of his men by malarial poisoning, and he himself fell a victim to the same cause.

When the French undertook to dig the Panama canal, some thirty years ago, hundreds of the laborers perished from the same cause.

Carbon monoxide, being slightly soluble in water, is carried down by rain into the soil, which, in time, becomes thoroughly saturated with the gas, and when such soil is disturbed, the gas is again set free, and the inhalation of it, in an almost pure state, causes a violent chill, which ends in a fatal collapse in a few minutes. It was a common saying among those employed on the work that the men digging in the trenches "stood upon their feet and died."

The same thing, but in a far less intense degree, happened to many of the early settlers in the western prairie States, when they first disturbed the soil by ploughing, not only along the river bottoms, but on the open prairie itself. The miasmata, set free from the freshly upturned soil, are capable of poisoning the air for miles around. A small fraction of one per cent of carbon monoxide in the air would, when inhaled for some time, be quite sufficient to make a profound impression on the nervous system, resulting in disturbance of the digestive function, in enlargement of the liver and spleen, and in that general cachetic condition known as chronic malarial poisoning.

Carbon monoxide—the most poisonous element in marsh miasmata—is oxidized, or converted into the comparatively harmless carbon dioxide in the sunlight; but in the night no such action takes place. This is the reason why exposure to night air is so dangerous in malarial regions.

Malaria is never found in the vicinity of extensive pine forests, notwithstanding the presence of mosquitoes and the proximity of swamps and marshes. The action of the chemical rays of sunlight on the resinous exudation of the pine needles and of the bark of the young branches, gives rise to the production of

ozone, nature's most powerful disinfectant and germicide. Marsh miasmata are instantly oxidized and rendered harmless by ozone. For this reason, malaria is unknown in the health resorts among the pine forests of the Carolinas, New Jersey and elsewhere, although mosquitoes of the approved breed and all the conditions for generating marsh miasmata abound.

The presence of ozone in the air can be easily shown by any one as follows: Thoroughly moisten a piece of white porous paper in a strong solution of iodide of potassium and then dip it into a solution of starch and expose it to the air. If ozone be present, the paper will become of a blue color, owing to the fact that the ozone decomposes the iodide of potassium and sets free the iodine, which at once combines with the starch, forming the iodide of starch, which stains the paper blue. If there is no ozone present, no change in the paper takes place.

In view, then, of these facts regarding the poisonous nature of carbon monoxide gas, and of the probability of great numbers, not only of the laborers, but also of the officials directing the work on the Panama canal, being stricken down with malarial fever, or with the more dangerous yellow fever—the latter being really a pernicious or malignant form of the former—it is highly incumbent on those in authority to take such preventive measures as science and experience suggest.

In the first place, all those employed on the work should remain under cover of tents from sunset to sunrise. The tents should be large and located on high, dry ground, as far from the excavation and from ravines or marshes as practicable, and if a small fire can be kept burning in the tents all night, so much the better. Any good disinfecting fluid containing free chlorine may be sprinkled freely in the tents, but by far the best disinfectant is ozone, which can be generated by static electric machines.

If one of these machines, which costs only a few dollars, is placed in each tent, and operated for a few minutes several times during the night, sufficient ozone will be produced to destroy not only any carbon monoxide that may be present,

but also any other poisonous gas or germs that may be floating in the air. This is the cheapest and most efficient method of disinfecting the air in the tents. At the same time, every one should be provided with a supply of quinine tablets; but better still, with a supply of pills or tablets containing such drugs as act on the liver—say, chionanthin, podophyllin, euonymin, strychnine, etc.—for if that organ performs its functions properly, there is little or no danger to be apprehended from either malarial or yellow fever.

Mosquito netting may be useful to keep out these pests, but gum camphor, spirits of camphor, oil of pennyroyal, or the smoke from burning pyrethrum roseatum, will be more efficacious.

The water used for drinking should be either distilled or boiled, to remove any carbon monoxide, or other poisonous matter which it may contain.

The land on both sides of the canal should be denuded of forest or jungle for a quarter of a mile at least, and cleared out by fire during the dry season, for reasons already stated.

All these prophylactic measures are quite feasible and easily carried out, with comparatively little expense.

The mosquito theory of the cause of malaria rests on some experiments made in a malarious locality in Italy. One portion of an army spent the nights under cover of tents, while another portion remained on the open plain, exposed to the night air and mosquitoes.

The former escaped, while many of the latter were attacked with malarial fever, which was incorrectly attributed to the sting of the mosquitoes. This is exactly what happened to the British army in Africa, already alluded to.

The mosquito theory is an outcome of the germ theory of disease, and is one of those fads or medical vagaries which have been the bane of the profession ever since its organization. The history of medicine, from the days of Hippocrates to the present hour, is replete with such idle theories, which had no real scientific basis on which to rest, which could not stand the test of experimentation, and finally vanished, like an "iridescent dream."

The germ theory of pulmonary tuberculosis, as propounded by Koch and his followers, has not only proved to be a delusion, but has given rise to an immense amount of quackery in high places. The mortality from tuberculosis is as high now as it ever was. The administration of tuberculin—a ptomaine which, it was thought, would kill the tubercle microbe or bacillus—has not only proved useless, but has sent many tuberculous patients to premature graves. So far as the treatment or cure of pulmonary tuberculosis is concerned, no advance has been made during the last two or three decades. The treatment is “*in eodem statu quo*” it was when the Roman poet, Horace, wrote these lines, more than nineteen centuries ago:

* * * * “*Macies et nova febrim,
Terror incubuit cohors;
Semotique prius tarda necessitas,
Leti corripuit gradum.*”

The germ theory of disease is already on the decline. The treatment predicated thereon has been disappointing. The bacilli found on microscopic examination may, for aught we know, be the result, and not the cause, of the disease. In fibroid phthisis, for instance, no bacilli or microbes have ever been found, and the so-called bacilli of pneumonia are found in the air passages of healthy persons as well as in those afflicted with that disease. The presence of tubercle bacilli in the sputa, may prove the existence of pulmonary tuberculosis, but at the same time, their absence, or the failure to find them microscopically, does not exclude the disease, which may be present without them as well as with them, and the same thing is true for all other so-called germ diseases. The germ theory does not satisfactorily account for those sporadic cases of typhoid fever occurring in salubrious localities, or for that peculiar form of the same fever to which strangers are liable on mountain plateaus. There can, however, be no doubt but that zymotic diseases, such as malarial, yellow, typhoid, typhus fevers, diphtheria, etc., can and are communicated to healthy persons by means of gases or germs, conveyed into the system through air, water or food; but to assume that all inflammations, as pleurisy, pneumonia, nephritis, etc., or all nervous

affections, as tetanus, sciatica, epilepsy, etc., are so communicated, is not credible or tenable, nor has it ever been demonstrated.

Here, for instance, is what one of these distinguished foreign advocates of the germ theory has to say in regard to diseases of the mitral valves of the heart—a disease usually the result of rheumatism, and that the result of faulty digestion:

Dr. De Grazia, in “*Reforma Medica*,” July 8, 1903, says that in five cases of mitral disease, he found the following germs, or bacilli, in the lungs, viz.:

“The staphylococcus albus in all; a variety of diplococci and two other diplococci, similar to the micrococcus of Jaeger-Huebner; the micrococcus tetragenes in all five; the staphylococcus aureus in two; the streptococcus of mucous surfaces in one; the ordinary streptococcus in one; the monococcus in two; the influenza bacillus in one; the pneumococcus of Friedlaender in one; various bacilli in two; and the streptothrix in one.” All of which is as convincing as the mosquito theory of the cause of malarial fever. What a flood of light the above sheds on the cause and treatment of mitral disease!

The savant says he will extend his researches which, he thinks, will doubtless bear fruit. We hope so.

[Written for the MEDICAL BRIEF.]

Epilepsy.

BY H. D. FAIR, M. D.,
Muncie, Ind.

At first glance, there may appear statements in this article that partake of the nature of egotism, yet, after careful consideration on your part, I feel confident that the idea will be banished from your mind, for what I know I know as well as anybody, and if I can prove to you that our so-called recognized authorities are not always correct, and that textbooks can not always be relied upon, it does not necessarily follow that I am egotistical.

From my earliest recollection epilepsy had an irresistible fascination for me; terrorizing me in my young boyhood and

intensely interesting me as a student. Because of neighborhood environments I was brought continually in contact with the dread disease and early learned of the universally considered hopelessness of treatment. Long before I had mapped out a medical career I had determined to learn all that was possible to know regarding this peculiar affliction.

My first great surprise came when I discovered how unsatisfactorily, even vaguely, epilepsy was handled by our text-books. No apparent progress had been made, either in diagnosis or treatment, for ages. The meager findings of generations past were handed down as authority, and the conclusions accepted as final. So, disregarding and to a great extent ignoring the teachings of the fathers in medicine, I started out on independent lines and have been well-rewarded for my efforts.

One of the greatest hindrances to an increased knowledge of this disease is the fact that so many writers seem to take it for granted that epilepsy requires the same treatment the world over, no matter what the cause or condition. This is an unfortunate mistake. There may, for a few weeks or months, be some stir when a new remedy is brought to the notice of the profession, but in a short time the general practitioner or specialist falls back on the old standby, bromide.

Of course, in the epileptic attack, no matter when or where occurring, there is great similarity and it is entirely unnecessary for me to go into details and give you a picture of typical *grand mal*, for you are all more or less familiar with it, so I will proceed to the main purpose of this paper.

I noticed a statement in one of our medical journals, written by one of our prominent physicians, as follows: "After all, we have no better treatment for epilepsy than the old reliable bromides of sodium and potassium, either singly or in combination." Now, let me ask whether you think this doctor's statement is true or not. If it is true, I pity the poor, unfortunate victims of the disease.

When I inquire of any physician or set of physicians in private practice, hospitals or asylums, having used this mode of treatment: "What has been your per cent

of cures in serious cases? Has it been seventy-five per cent?" You answer, "No." "Has it been fifty per cent?" Again you answer, "No," and are finally compelled to admit that it does not reach thirty per cent. Now, to my mind, a remedy that gives no better results than that is far from satisfactory.

I do not wish to cast reflections on the honest endeavors of any one, nor decry any physician who has done his best; but when a prominent practitioner, who may be an expert in other diseases, states that the old reliable bromides are the best and almost only treatment for epilepsy it shows a lack of research, investigation or experience that is not justifiable in one who pretends to be authority, or to teach others the way. My standpoint is simply this: If a practitioner makes a special study of epilepsy and concludes that there is nothing better than bromide, he is not qualified to treat serious cases; or, if he has *not* given the subject special attention, he is not competent to decide and should not allow such a statement to be made public over his signature.

It is a reproach to the profession that such a statement gains publicity, coming from a supposedly reliable source, unchallenged. I have more than once been censured for expressing my positive views, and even ridiculed by the "follow-your-leader" class of physicians; but I can point to results, which is more than the most of them can do.

I have spent the best years of my life studying this disease, visiting institutions where these patients are cared for, and gathering information from every source possible, and have been astonished that physicians who are usually keen to arrive at safe conclusions in regard to the minute details of every other disease, consider epilepsy simply as epilepsy, no difference whether it occurs in a frail child or a robust man; no difference whether the spasms are caused by scalp wounds in an old soldier, or by disordered menstruation in a young girl, the patient is dosed with the bromides of potassium or sodium until the brain is benumbed by the medicine, if not previously by the disease. I have treated many patients who conscientiously believe they have taken

a barrel of medicine, and whose latter condition was worse than the first.

I am a firm believer in symptomatology, and every day become more and more convinced that symptoms, and not diseases, should be treated. This is particularly true in epilepsy. Of course, not every one who has fits is an epileptic, and we have been taught that the bromides are "good for fits," but I have yet to learn of one case of genuine epilepsy that was ever cured by bromide, and it is with great satisfaction that I notice Dr. Spratling, the able superintendent of the Craig Colony of New York State, who has had a remarkable experience with this disease, makes practically the same statement.

From time to time, when making the results of my investigations public, and citing examples demonstrating my premises, as I have done in several medical journals, I have received letters of inquiry from physicians all over the United States and Canada in regard to cases in their practice, and many of them became out of patience when I requested something definite, the detailed symptoms and cause, before I could outline a plan of treatment. Now, what does this show? They evidently thought that climate, cause, sex, temperament, habits, condition and environments had nothing at all to do with the treatment.

I have never treated two cases alike in all particulars and in the last eight years have been successful in seven cases out of every ten. I have no "plan" of treatment, and know that my per cent of cures would be greatly reduced if I did have. I have my favorite remedies, as every one has, that have proved reliable and valuable in these conditions, but there is positively nothing that will "cure fits" till the cause is found and removed.

By way of illustration I wish to cite briefly two or three cases taken at random from my records, omitting all details.

Mrs. N., of Ohio, forty years old. Had from eight to forty convulsions every month and they were hard ones. She used bromides regularly, always taking a dose if she laid down for a nap during the day; otherwise she would have a fit while asleep. She had been treated for years by the "best physicians in the coun-

try," and spent money liberally, but with absolutely no lasting results. I cured her with one-drop doses of specific tincture sanguinaria, given four times daily, and less than one and one-half ounces did the work.

About six years ago a father and mother brought their nineteen-year-old daughter to see me. She had been having convulsions since she was eleven years old, and they were getting more severe, in spite of the fact that she had taken gallons of liquid from "I-cure-fits" men in different cities and that nearly all the local physicians had a chance at her. The etiology, as given by these men, was wonderful, both as to variety and uniqueness. I secured her personal history and all the facts bearing on the case possible, and requested permission to make a clinical examination, which was promptly refused by the mother, who said, "Many older doctors than you have treated her and never considered an examination necessary." Consequently, I refused to prescribe and they went away. Six months later they brought her back and asked me to proceed in my own way.

I went over her carefully and was about to give up in despair, when in the rectum I discovered a hard substance. When this was touched the girl had a fit in the chair. I had found the cause. An open safety pin had been embedded in the mucus fold of the rectum for more than ten years; a continual source of irritation, especially as she was inclined to constipation. The pin was removed and the trouble ceased; no other remedy being given than a general tonic.

How foolish it was to pour bottle after bottle of medicine into that girl, while the cause was actively present all the time. But, you may say this was an exceptional case. I say it was not. There is always a cause, but we so seldom take the trouble to find it. Time and again a simple operation, doing away with reflex irritation, was all that was necessary to effect a cure. However, there are times when the removal of the cause will not be immediately followed by a cessation of the convulsions. There is such a thing as the fit habit, and it is sometimes necessary to use considerable discretion in order to break up or change a routine

that has been long established, but it can be done.

A sixteen-year-old Pennsylvania boy had averaged two attacks every thirty-six hours for a little more than two years. Being well-to-do, the parents consulted able physicians as soon as the trouble began, but without benefit. The consensus of opinion was that the fits had some relation to puberty. I was asked to see the case in consultation. The family lived on a farm and raised hogs, sheep, poultry and cattle, and had meat on the table three times daily. I ate dinner with them and was impressed by the glutony of the patient. I later told the physician and the mother that if they would place the boy on a vegetable diet the fits would soon stop. "We can't do that," said the mother, "for meat is about all he eats." I argued for a thirty days' trial. She thought one week would be long enough. We finally compromised on twenty days. I advised a placebo, which was given. There were but two attacks following the withdrawal of meat from the diet. At the end of the twenty days the mother, who contended that the placebo did the work, allowed him to again eat all he wanted, and the fits returned. So long as he avoids meats, he has no trouble at all.

Gaining the confidence of your patient is decidedly essential. As a rule, they are a class who have nearly lost courage, or have been swindled out of larger or smaller sums of money by quacks and newspaper advertisers, who prepare their one kind of medicine in advance, which is to cure the patient in the North, whose trouble was caused by severe fright; as well as the victim under the tropical sun, who is afflicted as was his father and grandfather before him.

When meeting a new case of epilepsy I study it as carefully as if it were the first of the kind I ever saw. I analyze the urine, give the whole organism a thorough examination and inquire into every detail that I think could possibly throw any light on the subject. I seldom place explicit confidence in what the patient tells me, as I have found some of them to be notorious liars. There are times, also, when the testimony of friends is unreliable.

Electricity is an important factor in the successful treatment of many cases; even when it does not of itself cure, it aids and assists the indicated remedies. General faradization or central galvanization, or both, may be employed. Some cases need functional stimulation and others sedation. As a usual thing, the galvanic current, with the positive pole on the spine and the negative pole at the epigastrium, is the preferable method.

The great point, however, is the recognition of the fact that every case is a rule unto itself. Let out-of-date precedent influence you little or not at all. Observe how the attitude of the profession is changing as to small-pox. It will some day be the same with epilepsy.

[Written for the MEDICAL BRIEF.]

Therapeutic Suggestion: What Is It?

BY HERBERT A. PARKYN, M. D., C. M.,
Chicago, Ill.

(Continued from page 414.)

"The method of treatment by which a patient is cured is generally the one to which he afterwards pins his faith. Therefore, when a cure is really made by suggestion, and is credited to some other agency, the faith aroused is a false one. Far different is it with a patient cured by 'directed suggestion.' He understands exactly why and how he has been cured. He learns to observe a number of Nature's important laws, the effect of the mind upon the body, the control of his thoughts, etc., and it is a rare thing to find an intelligent patient seeking relief a second time, for a trouble of which he has once been cured by suggestion."

As stated before, we receive all impressions or suggestions through the senses, and these impressions may unconsciously interfere with or assist bodily functions; for instance, the sight of a horrible accident or a disgusting scene will frequently retard digestion, or nausea may result. A disgusting sight or uninviting looking food may instantly remove a splendid appetite. Pleasant scenes and bright faces, the sight of good food, etc., will remove unpleasant thoughts, make one feel happy, and stimulate appe-

tite and digestion. The sight of a delicacy causes the saliva to flow. Through the sense of hearing, news may be received which may depress and produce shock, cause worry, grief, nervousness, etc. Any of these conditions will remove an appetite, and retard digestion, or produce vomiting, and sometimes diarrhea and polyuria. Good news, inspiring music, bright stories, cheerful voices, etc., will remove depression, assist digestion, and create an appetite. Some odors call up unpleasant memories, which produce depressing lines of thought, while others again may be obnoxious enough to nauseate or remove an appetite. On the other hand, the odors from some flowers make us happy, and a savory odor from a kitchen will often stimulate an appetite habitually dull.

These few illustrations demonstrate clearly that we continually receive many undesirable impressions, which, if retained in the active mind for a time, are likely to interfere with the process of digestion, or by destroying the appetite, interfere with the amount of food usually consumed. In either case, the amount of nourishment would be diminished, and unless the line of thought of an individual in such a mental condition be changed, he would likely become a nervous dyspeptic. Constipation would likely follow, elimination would become imperfect, and, later, nervous prostration and insomnia inevitably result.

Dr. Charles Gilbert Davis, of Chicago, in a valuable article read before the Psychic Congress, at the World's Fair, states that he believes nine-tenths of the ills to which the human race is heir, are the direct or indirect results of an outraged conscience.

A knowledge of suggestion enables the physician to discern the influence a patient's mind has upon his health, and in every case to secure its intelligent co-operation.

To obtain the best results from therapeutic suggestion, a thorough knowledge of anatomy, physiology, chemistry, pathology and diagnosis is necessary.

The force which heals a man is within himself, and when understood may be controlled by himself; and just as the activity of the propelling force within a man

who walks a mile is stimulated or depressed by the nature of his thoughts, so, also, will suggestion, when properly directed, arouse the healing force within man, and on the nature of the suggestions given will depend the extent to which it is aroused. Many a patient has lived for days after the "physician's allotted time" expired, sustained only by some stimulation of his vital force. For example, an intense desire to see some loved one, hastening to bid farewell. It is often this remnant of vital force, which, when intelligently directed by suggestion, suffices to arouse into activity some organ which for a long time has been hopelessly dormant, but which, when aroused, enables the patient's internal organism once more to resume its normal action, and draw him back from the very jaws of death.

Some of the conclusions which may be drawn from the facts mentioned in the above article are:

That the vital force which heals a patient is within the patient himself.

That the vital force is generated within the patient himself, by the digestion and assimilation of food.

That the amount of vital force generated depends on the quantity and quality of food introduced into the stomach.

That anything which will interfere with the necessary supply of properly selected food, or the digestion and assimilation of food after it has been received by the stomach, will interfere with the generation of the vital healing power.

That the digestion may be retarded or completely stopped by certain mental states.

That the food supply should be regulated by a correct knowledge of the requirements of the body.

That knowledge is stored in the mind, and that mind is created and influenced entirely by suggestion.

That the creation, expenditure and control of vital healing force are directly or indirectly dependent upon suggestion.

That if one would intelligently direct this healing force, he must have a thorough knowledge of the effects of suggestion. He must understand the simple means for ascertaining the individuality

and suggestibility of his patient, so that he may determine in advance the mental and physical effect any given suggestion is likely to produce.

4020 Drexel Boulevard.

[Written for the MEDICAL BRIEF.]
Parisian Medical Chit-Chat.

BY THOMAS C. MINOR, M. D.,
 Cincinnati, Ohio.

Peter and the Clinic—The School of Lyons—Tuberculosis—Robin and Kelsch—Endemic Diseases of Japan—Japanese Students.

In 1890, the great clinician, Peter, observed: "We are in a period of experimentation where the laboratory wishes to replace the clinic and seeks, by means of the guinea pig, the secrets of therapeutics in men. This excess of bacteriology will most surely lead us back to full clinical observation."

This medical foolishness still persists, but its wings are filled with lead.

The school of Lyons has instituted a very useful department of hygiene. The pupils in their third and fourth years, have grown skilled in three years. How is that, you inquire? Under the teaching of Professor Courmont they do the following work: Chemical analysis of the air, bacteriological analysis of air, investigations in the Eberthe bacillus, the coli-bacillus, choleric vibron, etc.; investigations in waters, hematozaires, mosquitoes, anopheles, trypanosomes, etc.; studies on ventilating and heating apparatuses; experimental work on the toxicity of alcohols, essences, etc.; researches in animal tuberculosis; analyses of flour, wine, milk, butter, cheese, preserved meats, etc.

These poor young doctors have not a moment's time to study the sick. They see no patients. They give prizes in this highly scientific school (?) to all those who discover spider-webs in the brain—medical spider webs.

You will see at this school young men with the talents of the micrographer, engineer, chemist; as for doctors, they have none who cure diseases. They let this class of so-called medical men loose on the poor of the community, to experiment and practice there in order to learn their medicine. They must have a diploma *de omni re scilicet*. They must know everything

except real medicine. Happily an awakening came. Robin and Kelsch proposed, in tuberculosis, to take the declarations of real doctors, and not those of the bacteriologists. They have proved to the satisfaction of thinking men that here is where the real domain of medicine holds, without bacteriological credulity and charlatanism. On the other hand, where the science of real medicine holds its empire, they know the real hygiene, private and public as well. Charlatans in the regular profession are numerous. They abound especially in the laboratory. Men without practice, on a salary, who diagnose disease with a microscope alone. Never mind their fallacies, their foolishness. The true physician is not always on the lookout for some unknown mere theoretical microbe; not that he does not admit that certain organisms of an inconstant kind are observed at times, but he knows such organisms can not exist without a proper soil to grow in; a morbid predisposition. That is true medicine. Professor Robin has first victoriously established that the discovery of the famous bacillus of Koch, by abandoning clinical medication and replacing it by so-called antiseptics to destroy the microbe, only caused deception, for it is one thing to kill microbes under a glass and another thing to attack them in living tissues.

The bacteriologists followed a wrong path. The bacillus of Koch is harmless if it does not meet a proper soil in the human organism. The Koch bacillus may be found in the most healthy people.

Always the assailant and the assailed. Give strength to the assailant. To the assailed give pure open air, good food, and the clinical remedies used by the fathers of medicine, those remedies that experience and time have shown to be most valuable. Dante placed in the mouth of Saint Thomas those beautiful words on which all good souls may well meditate: "Let the errors of the past serve thee for a lesson and do not fear to tread with slow steps."

Let us pass to the inspector of our armies, Dr. Kelsch. He does not deny what is called contagion of tuberculosis in the army, but holds that the invasion by the bacillus is insufficient if it has not the consent of the organism. To him, con-

tagion does not play a great part in tuberculosis in a regiment of soldiers. Phthisis among troops is almost constantly the result of an auto-infection rather than of any kind of direct contagion.

It is almost always the feeble soldiers who are attacked, like the more debilitated prisoners in jails, and the cause of such attacks rest more in poor food, the work imposed, improper barracks, change of habits in life, with rigid discipline, rather than in microbes. All that engenders a morbid change in the organism, diminishes the resistance of the soil. Doctor Kelsch, with a long practice of thirty-five years, and an immense experience, concludes that if the army rations are increased, the barracks built on better hygienic plans, the labor lightened, and more life in the open air, the present tubercular conditions would all be changed. Briefly, then, the basis of the prophylaxis of tuberculosis is the development of physical vigor in man and the amelioration of his hygienic and social conditions. So, after all, the bacillus of Koch counts for little.

This will not prevent the Germans from seeking to attenuate the bacillus of Koch by cultures on cold-blooded animals. Friedman experimented on turtles, Herzog on frogs. This is Teutonic medical science with a vengeance. Poor, cold-blooded animals!

Our personal observations of over forty years correspond with those of Kelsch. We know two consumptives, one aged eighty-four years, we have taken care of for thirty years, and she still lives in fair health. The second, aged sixty-six years, who is still improving in health. Both these cases have profuse expectoration, and ever since the Koch bacillus was first noted, their sputum, after examination, fairly swims with the deadly microbe of Koch.

"Good physicians," says Rabelais, "give so much attention to the prophylactic and preservative parts of the art, that they have little need of therapeutics or cures by medicines." Let us laugh a little. We find in "Panache," a comedy by Goudinet, a method to prevent the depopulation of countries—a method that we dedicate to Theodore Roosevelt and Der Kaiser Wilhelm. "Obligatory marriage, with divorce

for unfruitfulness. Let the world have fruitful husbands who may serve it on numerous occasions." The Mormons of the southwest United States will presently outnumber the Gentiles because the former propagate their species as a duty under the best of sanitary conditions, while the Gentiles are given to abortion and the sexual crimes of matrimony.

"*La Revue Medicale du Canada*" contains an interesting article on the "Endemic Diseases of Japan." We translate the following excerpt:

"There are only four contagious diseases endemic in Japan, but three of them are important, i. e.: leprosy, small-pox and syphilis, and an ulcerous affection called *Ka-sa*. Leprosy prevails in all portions of Japan as well as on the Island of Nippon. As in the extreme Orient, it has prevailed from most ancient times. It is the poor and lower classes that suffer, as will be noted by the numerous beggars one meets, eaten by leprosy, along the public roads from Miaco to Yeddo. Many of these persons have almost lost the resemblance to humans. Their physical condition is worse than the patients at the Sammarang and the Chinese Leper Hospital of Batavia.

"Nevertheless, leprosy is less spread in Japan than in Java and Sumatra. There is about one leper to every ten thousand inhabitants, which represents about thirty-five hundred cases in a population of thirty-five millions. Leper hospitals, such as were known in Europe during the middle ages, are entirely unknown in Japan.

"Although the Japanese know full well the first symptoms of leprosy and the terrible affections that ever follow its primary manifestation, they give it little attention at the commencement. Persons slightly affected still cohabit in their families and follow their usual avocations. It is only much later, when the malady is fully developed, that they seek isolation or live by themselves, often keeping to their own private rooms. The beggars whom we mentioned, having no means to sustain themselves, are banished from society, leading the sad life of mendicants, without any aid from the Japanese Government. Some of them live in caves and holes dug in the ground, covered by straw.

When they hear some passer-by on the high-road, they pop their heads from the hole and beg alms. They are absolutely naked and so deformed as to crawl on all fours, like animals. They act like wild beasts.

"Small-pox has existed in Japan from times of most remote antiquity. According to Japanese authors, it first appeared about the year seven hundred and thirty-five of our era, and has remained endemic to the present day, manifesting a ravaging epidemic tendency at certain periods. It was introduced to Japan originally from Korea, where it has been endemic since 626 A. D. In Japan, the most violent outbreaks occurred in the years 790, 833, 904, when the islands were devastated by the disease. In the nineteenth century, the worst outbreaks of small-pox were in 1803, 1848 and 1849, and the Island of Nippon was almost made desolate. The Japanese think one should have the malady at least once in this life. In some Japanese provinces it is the custom to place those attacked in some retired mountainous place, there to remain until such a period as they are cured. This isolation plan is ever followed by good results. The public in Japan is informed of the presence of small-pox by a bamboo bow placed over the door sill. The Japanese Government pays little attention to the malady, cure, or for vaccination, or rather, inoculation. The Chinese and Japanese claim to have known the method as far back as the year 1014 of our era, while in Europe it was an eighteenth century discovery. A curious fact—the Japanese, until very recently, performed vaccination on the end of the nose.

"The introduction of true vaccine lymph from the cow met with great opposition in Japan at first. It was introduced there by the Dutch, and had no very good results in their hands. It was not until 1848 that the best results were obtained; since which time the employment of vaccine lymph has given satisfaction to all those who cared to employ it as a method of prevention.

"Syphilis was introduced in Japan by the Portuguese in the sixteenth century. It is to-day widely spread throughout Japan and as prevalent as in Europe. The

Japanese make no mystery of it and attach but little importance to the malady. Despite the incompetence of most of the Japanese physicians, there are rarely any tertiary consequences of a serious nature. Syphilis in these later years in Japan has grown to be a milder affection than the form observed in Europe. The healthful climate of Japan may have something to do with this. A very high temperature constantly never lessens the gravity of the malady. For example, in Java, the affection is much more serious than in Japan. Japanese doctors, who are ever very boastful, deplore the ignorance of the native physicians of Java. One must admit, however, that native Japanese doctors are more learned than those of Java, who are known as *Doukons*.

"In Japan the air is always pure and but very slightly charged with humidity, although it rains frequently. An atmosphere filled with sea water vapor accompanied by high temperature is particularly unfavorable to the treatment of syphilis. In Europe, the proof of this is shown at Venice, a city located among marshes, and a place in which syphilis is never cured, and Venice has some of the most skillful medical men in the world. The syphilitics of Venice who desire to be cured know full well that they must leave there and retire to the heart of Italy for perfect treatment.

"Regular medical visits to prostitutes do not exist in Japan, except in certain locations. Each house of ill-fame has its own particular physician to attend to the sick girls. Even this measure prevents, to a limited extent, the spread of syphilis and other venereal disorders. Let us add another measure used in the public houses of Japan, i. e., in these houses, 'Zgoloja,' and the tea houses 'Tsja ja,' are to be found the only prostitutes allowed. There are no resorts or clandestine places. Even the young actresses are watched by the police. These actresses, 'Seko,' and the dancers, 'Odoriko,' are prevented from falling, if possible, yet there are doubtless a certain number that escape police vigilance. In Japan, even in the great cities, there are but few women who live by themselves and are known prostitutes. There are no kept women in

Japan in the European sense of the word; for Japanese public morals permit a man to have several women, beside his wife, in his house, but Japanese morality will not allow a man to keep women outside his own domicile. The police watchfulness over such matters in Japan is not due to any moral sense, for the Japanese have none, nor is it due to hygienic reasons. Its origin is exclusively political. In Japan, public houses are part of the police department. They serve it to make their various people behave in their houses of abandonment. Each visitor to a public house in Japan must sign his or her name on a register, together with the residence, and a penalty is attached for false registration. In Japan, the majority of suspects, criminals, etc., etc., are found in such places, and the public women, acting as spies, turn such offenders over to the police.

"The fourth endemic malady in Japan is a contagious malady called 'Ka-sa.' It prevails in spring time among all classes of society. It affects both sexes and people of all ages. This, too, with the fact that the Japanese are a very cleanly people, makes the disease worse. There is a scabby eruption that often becomes an ulcer, very difficult to cure. The *osarus scabei* is very distinctly observed by the naked eye in some forms of this affection. The Japanese know full well how to take needles and pick out the sarcopus at leisure moments.

"The Japanese constantly eat all sorts of fresh fish, as well as salt and dried fish. They use many crustaceæ as well as cephalodes, while their winter vegetables consist almost exclusively of salted ones, such as radishes and cabbage. This strongly spiced food is much favored by the Japanese and is apt to develop cutaneous maladies in general and forrizes scabies in particular. This fact is proved, too, by the reason generally assigned, that these skin diseases appear in the spring and always after several months spent in eating salt fish and salt vegetables exclusively. Then, too, the Japanese bathe daily in water of such a high temperature that no European could tolerate it. The Japanese men, as well as women, never have a clear, fine skin.

They are subject to all manner of discolorations, most of them having some eruptions."

408 W. Fourth Street.

[Written for the MEDICAL BRIEF.]

Pneumonia.

BY J. D. WEDDELL, M. D.,
Kansas City, Mo.

I was very much interested in what Dr. E. B. Pennington, of Mohawk, Tenn., had to say on the subject of pneumonia in March MEDICAL BRIEF for 1905.

He says he is amazed at the mortality of the disease. So am I, but not any more than I am amazed at the opinions of some men who are considered high up in the profession; teachers in our best medical schools; men who are looked upon as "authority." I do not know how these men of "authority" treat the disease, but I quite agree with Dr. Pennington, that it is one of the easiest to treat successfully. The intrinsic tendency of pneumonia is to recovery, and whenever I hear of a death caused by it, I always think they would have recovered if they had been given a chance, unless it was in a very weak and debilitated subject. I believe the mortality is greater now than it was years ago. Is it because of the improved (?) methods of treatment? If so, why not abandon it and adopt something more rational and successful? As Dr. Pennington has said, the men of the profession have gone off after fads and have not yet returned. If the serum treatment is the correct thing, why do so many people die? Why follow a line of treatment that sends so many of your patients to the undertaker?

I have practiced medicine thirty-three years; twenty-four years in the country, and nine years in this city, and during that time I have had three patients die who had pneumonia. The first occurred at the end of the second week in a case of typhoid fever, and I am unable to say whether death was due more to the pneumonia than the typhoid fever. The second occurred in a maiden lady forty years of age; very weak and frail. She was taken down with a severe attack of la grippe and pneumonia of both lungs.

The third occurred in a young man about thirty years of age, who was suffering from diabetes and pulmonary tuberculosis; a mere skeleton. He was taken in Chicago with a severe attack of la grippe and pneumonia, and came to Kansas City before consulting a physician. The disease invaded both lungs. Except in a very weak and debilitated subject, I never have any fear of a case of pneumonia dying.

I know this will be looked upon by a majority of the profession as a great boast, and perhaps by many, as a great big lie, but that will not alter the facts in the least, for what I have said is true. This is no assurance that I never will lose a case, other than the kind I have described; I simply say that I have lost none.

I will give a general outline of my treatment which has given me such good results. First, give a sufficient amount of calomel to stimulate the liver and move the bowels. For the first two days, I usually give lobelia in sufficient doses to impress the system, with tincture aconite in minute doses, frequently repeated to keep down temperature. If patient has a weak heart, give digitalis from the start. I use hot turpentine stupes to the affected lung until the skin is reddened; then omit for two hours and begin again, and keep it up for twelve to twenty-four hours, according to the severity of the case. Keep the chest enveloped in flannel throughout the course of the disease. Give some form of opium to relieve the pain. In the second stage, give an expectorant containing carbonate or muriatic ammonia and tincture digitalis. Do not omit the digitalis, and do not be afraid of it. Digitalis has given me better results as a heart sustainer than anything else, and to sustain the heart is one of the main features in the treatment of pneumonia.

Never, under any circumstances, use poultices; they are heavy, and they embarrass respiration, and can do no possible good. Keep the room well ventilated, and at a temperature of 65° to 70° F., and give plenty of concentrated nourishment, and your patient should be on the road to recovery in five or six days. I have had complete recovery take place

in several cases in four days. Treatment must be varied to suit each individual case. I never use quinine, except in some cases during convalescence, in tonic doses.

621 East Thirty-First Street.

[Written for the MEDICAL BRIEF.]

Hitch Your Wagon to a Microbe.

BY LEWIS C. POTTER, M. D.,
New York City.

Young man, Emerson has said, hitch your wagon to a star. By all means do so, and if you study medicine, hitch it also to a microbe, if you can. Make a team of it and much will be forgiven. There may be a germ of thought in this.

How many struggles we have seen, and enmities engendered in the vain endeavor to hitch the aforesaid wagon to some particular microbe, and the measly old thing was not worth bichloride enough to destroy it.

If you are fortunate enough to find a sturdy old pathogenic microbe, and can hold him long enough to blow your name on his back, he will pull your wagon to your heart's content; while your neighbor's automobile is twenty miles from home with the boiler "busted."

Some men are like microbes. They seem pathogenic, but when you raise a brood by culture they are absolutely innocuous.

The moral of all this is, I suppose, that the littlest things in life are oftentimes the biggest.

2420 Seventh Avenue.

[Written for the MEDICAL BRIEF.]

Common-Sense Antitoxin for Diphtheria, Laryngitis and Tonsillitis.

BY J. W. M'GLAUGHLIN, M. D.,
Wilson, Ohio.

R. Menthol.....2 drachma.
Chloral Hydrate.....2 drachma.
Gum camphor to fill an ounce wide-mouth bottle, pressed in solid. Carbolic acid, quantity sufficient to cover all; let stand until dissolved.

M. Sig.: Ready for use, apply on swab every three hours, rub on outside of throat over tonsils. Give internally one to ten minims, as to age, two or three times a day, or hypodermically; but it generally leaves a sore arm.

I have used it in diphtheria, scarlet fever, tonsillitis, and I have not lost one case in over fifty in which I have used it. Try it, brothers.

[Written for the MEDICAL BRIEF.]

Some Questions of Interest to the General Practitioner Regarding Prostatectomy.

BY M. R. BARKER, M. S., M. D.,
Chicago, Ill.

The family physician, in the great majority of cases, first sees, prescribes for and advises these cases. They may seek advice at the onset of enuresis, or they may postpone until total urinary obstruction takes place, and are, as a rule, ignorant of their true condition. Before the advent of prostatectomy, the physician had but one course to pursue. Pass the catheter, relieve the patient and teach the use of the same to him. Then followed the catheter life, at first interrupted, but later continuously, with its invariable train of bladder and kidney troubles and consequent invalidism, rendering the declining years of these old men, in many cases, almost unendurable. But there is now a better way. The physician has a brighter hope and a fairer prospect to offer these sufferers. But is he alive to this? Does he fully comprehend this truth? Or is he floundering in the quagmire of doubt, and for reason of this, withholding the advice his patients so much need. It is the object of this paper to elucidate as much as possible the operation of prostatectomy, and to state faithfully what may reasonably be expected from it, neither emphasizing too strongly the good, nor attempting to conceal the bad. Sometimes the examination of these cases is mystifying, and leads to a doubtful diagnosis. This is due to the following: There are three distinct forms of hypertrophied prostates. The large, soft variety, due to hypertrophy of the muscular tissue of the gland, and an over-cell growth. The mixed variety, due to a hypertrophy of the muscular and fibrous tissue. This is much harder than the preceding. These two varieties are most common. The third type is due to hypertrophy of the fibrous tissue. This is the smallest of all, and very hard. The physician would probably have no trouble in assigning the cause of the patient's trouble to the prostate, if all of the tissues of the gland are

enlarged, but this is not always true. The irregular outline of an enlarged prostate is well known and is due to the unequal enlargement of the tissues of the gland. Enuresis, or a complete stoppage of the urinary flow, may be due to the enlargement of a lateral lobe, or to both lateral lobes, or to the enlargement of a median lobe, or a median lobe with one or both lateral lobes.

The whole trouble may also be due to a fibrous band encircling the urethra at the neck of the bladder. Hence, upon examination the physician may be misled by finding a much smaller mass than he had expected to find. If, however, he finds some enlargement, or perhaps nodules, and there is not a urethral stricture (rare at the age of these patients), he may be very sure that the cause of the trouble lies in the prostate. The variety of the hypertrophied prostate, in any case, has some bearing on the prognosis, in case of prostatectomy. The small, hard gland can not be enucleated. I mean by this it can not be shelled out of its capsule. It must be removed by morcellation. This requires more time. There is more hemorrhage and traumatism consequent upon this operation than with the other varieties. For reason of this, the unfavorable conditions hereinafter mentioned, are more liable to follow in this class of cases.

When is this operation indicated? It is a well-known fact that hypertrophy of the prostate is a slowly-developing condition and that in every case, before obstruction to the urinary flow is caused by it, the trouble has existed for a number of years. There is never any hope that it can be cured except by surgical measures. These facts, together with the well-known disasters that inevitably follow catheter life, should impress one that the operation is indicated as quickly as the disease is discovered. The patients at this time are usually in such condition as to reap the best results from the operation. Is the catheter then to be discarded in these cases? The physician must relieve his patient with the catheter and continue to do so until the patient can go to a hospital for the operation. The patient should not be taught the use of the catheter at all. This should be the rule; of course

there are some exceptions to it, but they should be very few. If once taught the use of the catheter the patient will continue it, and not only bring upon himself years of suffering, but lose the best opportunity to have his trouble removed.

Among other important questions which interest the physician, whose advice is sought in these cases are the mortality following the operation, and the chances for complete recovery if the patient survives. Workers in this field have from time to time, during the last six years, made estimates of the percentage of mortality by taking the cases operated upon by the surgeons of the world, using all reported cases. The mortality thus estimated has steadily decreased from ten per cent to, at the present time, about five per cent. These estimates, we must remember, have not been based upon the work of specialists in this line, but upon the work of all general surgeons and specialists together. The reason for the reduction in mortality is due to the better condition of the patients when presented for the operation, and the improved technique which time and experience have produced. I believe we can reasonably expect when patients have the operation when the disease is first discovered and they are in the best possible condition, the mortality in these cases will not amount to more than one per cent.

As to complete recovery. From the reports of surgeons over the world, complete recoveries, within a month, result in about seventy per cent of the cases. By this we mean: The patients have recovered from the operation with control of the bladder, having no residual urine or other urinary trouble. In other words, the conditions for which the operation was done have been met by the operation in seventy per cent of the cases in a month. Of the other thirty per cent the greater proportion of them are troubled with incontinence of urine. This is probably the greatest trouble to the greatest number. But all of these patients recover from it, but not all within a month. Some are troubled, more or less, for six months, but these are very few. Hardly any complain of it after the third month. The trouble which is next to this in frequency, is perineal fistulæ, the opening

in the membranous urethra through which the prostatic tractor is passed into the bladder failing to completely heal within a month. The patient has control of his bladder, but at the time of micturition a small quantity of the urine passes through this fistulous opening and out through this perineal wound. These, however, all recover within three or four months. In my last seventeen operations I have been able to overcome this by draining the bladder for two weeks, immediately after the operation, by means of a catheter passed through the penis into the bladder and retained there. This catheter is changed every day for a sterile one, and is as large as can be used. The bladder is washed and treated as indicated in each case, through this catheter. By this method the urine never passes through the perineal wound, and a fistula is not formed. This catheter has other advantages. It keeps the patient, dressings and bed unsoiled from the dribbling urine. A few cases of recto-urethral fistulæ have been reported; only a very few, however; possibly due to undue traumatism in doing the operation, causing the rectal wall to slough.

A few cases of epididymitis and orchitis have followed the operation, but all have yielded to the proper treatment of those troubles without undue delay. The question of the virility of the patient, after the operation, is always to be considered; though in nearly all cases a subordinate one. If the patient is in vigorous manhood, the question might seem to him a serious one, and he might choose the catheter life, and seek the operation after this had failed. It is unfair, however, to charge the operation with the sterility of these patients. The operation only removes from the body tissue that we have a right to suppose, in many cases, has been functionally removed by disease long before, and that sterility was as complete before the operation as after.

Very much time and thought have been spent trying to devise a method of operation that would enable the removal of the prostate and not interfere with the anatomy of the sexual system to the extent of causing sterility. There has been no demonstration as yet that these efforts

have succeeded. It is true that for reason of these endeavors the operation is now so performed that erections, coitus, and ejaculations are the rule with these patients after the operation. But so far, no case has been reported to have reproduced after the operation. The destruction of a greater or less portion of the prostatic urethra is almost certain with the removal of the prostate body, especially with middle-lobe involvement, and with this the ejaculatory ducts must be sacrificed to a certain extent, no matter what method the operator may use. Then at present it would be overstepping the bounds of reason or fact to hold out to these patients the hope of reproduction after operation.

The objections to the operation that were once urged, that stricture of the urethra must follow the operation, have not been realized. Ample clinical experience has proven that stricture does not follow the operation. When a portion of the roof of the urethra is left, it is easy to understand how the normal membrane may again be reproduced from this. But when a large section of the whole circumference of the prostatic urethra is destroyed, as it sometimes is, it is not so easy to account for the good part Nature plays in the restoration. It is probable in these cases that the torn ends of the urethra are brought nearly into apposition by the collapsing of the walls which surrounded the prostate and unite, thus forming a urethra with its normal walls. The above conditions, resulting as above stated, are those which the physician may consider in advising prostatectomy. In summing them up and magnifying them as much as possible, the unpleasant things dwindle into insignificance which follow the operation, compared with the dire results entailed by the disease, which the operation removes. Other questions besides the above often have to be considered by the physician before advising the operation. Prominent among these is the age and condition of the patient. Age, however, of itself should not be made too prominent. Age is only relative. Some men of eighty are younger than others at sixty. One of our best results was in a patient eighty-two years old. A man of eighty may have a better prospect of living ten

more years than a man of sixty has. The old, decrepit, feeble man of eighty would not be a good subject for the operation, neither would the man of sixty under similar conditions.

A patient suffering with marked kidney lesions, or with diabetes, or malignant trouble, should be given the same consideration as in any other proposed surgical procedure. Extreme sepsis, due to absorption of residual urine, is not a contra-indication for the operation. A patient of mine sixty-eight years old had all symptoms of sepsis; chills, fever, sweats, loss of sleep, cystitis marked, constant desire to pass urine, catheter life for eight years. I tried to pass a catheter, but could not. I then tried to pass a filiform bougie, but failed. There was almost constant dribbling of urine. The patient was only a shadow of his former self. This was his condition when I first saw him. I took this patient to the hospital at once; made a suprapubic cystotomy, with cocaine anesthesia; drained the bladder, washed it out twice daily, and at the end of two weeks removed the prostate through a perineal incision. This patient made a complete recovery and has remained well ever since. This was six years ago.

Another patient, over seventy years old; catheter life for six years; history of cystitis a number of times. I saw this patient during an attack of senile pneumonia. He was suffering with sepsis and cystitis. They had been using the catheter, but the time had come when they could not pass it, and there was complete occlusion of the urethra. I took this patient to the hospital when so feeble he could not turn over in bed without assistance. I opened the bladder through a suprapubic incision, drained and washed it. The patient improved for four days, when symptoms of the pneumonia returned and he died. I am sure even in this desperate condition this patient would have recovered if the pneumonia had not returned.

I simply recite these cases to show what can be done in cases of sepsis, due to absorption of pus-laden residual urine. Not at all that I approve of allowing these patients to get into these extremes, in the light of our present surgical triumphs in

this disease, without showing to them a better way.

Complications.—The most common and distressing of these is cystitis. This complicates every case sooner or later after catheter life begins. Though it is true that patients become in a sense immune; in other words, many of them use the catheter for a long period of time with impunity. They do not infect themselves because of their vigilance in observing antiseptic precautions, because they do not do this, but they have become, as it were, immune. This immunity, however, only lasts a variable time. All become infected, and cystitis is the invariable rule of catheter life sooner or later. The advent of this complication dooms the patient to suffering the rest of his life, unless relieved surgically.

Kidney troubles probably stand second as complications. They are usually secondary to cystitis, though this is not an invariable rule. Vesical calculus is not an infrequent complication. The conditions most favorable for the formation of these calculi are found in the residual urine of these patients. It is always accompanied with a more or less marked cystitis. It is difficult for one who has witnessed the suffering of these patients, when cystitis and sepsis complicate, to discuss them with moderation, or think of them calmly. Yet we have tried to maintain our equanimity and discuss the favorable and unfavorable phases of the subject with equal candor.

These patients are seldom emergency cases, hence they can be individualized and the preparation for operation applied in each case as best suits it. This is very important. Upon the proper preparation of each case depends largely the success of the operation. The operation must sometimes be preceded by treatment for some time. For instance, the cases we have cited. If there is cystitis and sepsis present the patient can not be put in condition for operation until they are relieved. Any condition that can be removed or modified, that may add to the hazard of the operation, should be dealt with before the operation is done.

Different operators use different methods for doing the work. And different instruments have been devised for aiding

the operator. I have always used the inverted U perineal incision. It gives the maximum of room, enables the operator to see every step of the operation, and enables me to best meet the three essentials in each case, viz: Time, the minimizing of hemorrhage and the least possible traumatism. I have devised a prostatic tractor, which I use in preference to any other, and with great satisfaction. After the operation, not one jot of the alertness of the surgeon is to be abated. Complications may arise at any time, for the first few days, requiring prompt action. While these complications are not common, yet the fact that they do appear should keep the surgeon ever watchful. We have only hinted at the technique of the operation in this paper, and have only mentioned in the briefest manner the after treatment of the patients. The paper has not been prepared for surgeons alone, but for the family physician, giving him an idea of what he may reasonably expect for his patients from the operation of prostatectomy. The above observations are based upon the experience of the author, in thirty cases, and upon the published records of other surgeons. In my cases I have not only done the operation, but have prepared the cases for the operation, and taken care of them personally after the operation. I have lost one case, the one above described, who died from pneumonia while being prepared for the operation.

4625 Greenwood Avenue.

[Written for the MEDICAL BRIEF.]

"What Is Suggestion?"

BY AXEL EMIL GIBSON, M. D.,
Los Angeles, Cal.

Reply to Dr. A. A. Lindsay's Paper, Published
Under the Above Heading in MEDICAL
BRIEF, January, 1905.

Suggestion, when taken in its technical sense, stands for a phase of mental therapeutics, by which personal influence may be transferred from stronger minds to weaker, while the powers of judgment and volition of the latter are held in temporary abeyance. And as the same definition holds good with regard to hypnotism, it follows that in principle and essence

the two processes are identical, and that suggestion simply means hypnotism applied to definite therapeutic ends.

In his paper referred to above, Dr. Lindsay describes a case of moral depravity which he cured by "developing him as an hypnotic subject upon which could be demonstrated every phase of physical suggestibility, such as the removing of the sense of pain, producing catalepsy, and also show the various phenomena of hallucinations."

From these statements it would certainly appear that as far as Dr. Lindsay is concerned, suggestion and hypnotism merely constitute different names for identical processes—a circumstance which considerably simplifies matters, as dangers, involved in the practice of the one, also are involved in the other.

The substance of Dr. Lindsay's paper is a description of the certainly painstaking efforts of the author in his finally successful effort to cure a young man from drunkenness, gambling and bad habits in general.

So far, so good. The young man is to-day enjoying the victory over sin and crime which the unremitting labors of his physician won for him. It is the old, questioned and questionable doctrine of vicarious atonement again brought into view: this time under the auspices of modern science and scholarship.

But do the processes of natural evolution sanction results which are brought about by vicarious atonement, *i. e.*, by the fact of some entity reaping the harvest sown by another? Is it not true that Nature throughout all her operations most relentlessly enforces the law of the survival of the fittest; not only on the physical plane, but likewise on the mental and moral? And this because of the fact that it is only in the high efforts elicited in a life-and-death struggle, that the survival value, with the attendant manifestation of character of each individual, is rendered possible. Any degree of strength and beauty, present in the entities of natural evolution, have become possible only by virtue of a struggle with hostile environments.

And as the great ever-present aim of evolution is the formation of character, often even at the expense of form and

structure, it follows that any interference, removing the means by which such an end is to be made obtainable, so far from benefiting the entity, leads to its ultimate failure of holding its own, in the relentless advance of evolution.

Our first inquiry into the real nature of Dr. Lindsay's suggestion-cure would naturally concern the character of the changes brought to bear in the young man's moral evolution. Virtue, like the strength of Siegfried in *Nibelungen*, springs from a slain dragon; a thought which Maurice Maeterlinck, in one of his later essays, expresses in the question: "Show me a virtue which is not a transposed vice?" Or, in other words, out of the struggle between the moral consciousness of the individual, and the temptations held out to him by his environments, proceeds the unfoldment of character.

Hence we must avoid making the mistake that external ease and freedom from friction constitute the *sine qua non* for inner growth. For may it not rather be that moral storms means moral growth, what physical storms means to the trees in the forests of the North? Conditions and methods by which strength, adequate to the individual resistance put forth, is added to the nature of the successful struggler.

Thus, from the standpoint of evolution, there is nothing illogical or immoral in the thought that the environment from which Dr. Lindsay removed his patient, by the very terror of its extremes, must sooner or later quicken his moral nature into healthy action, as the invincible logic of evolution points to the alternative, ultimately facing dissipation—individual restraint or dissolution.

For no man on his career to degeneracy is left without repeated opportunity of conscious choice. A religious tract stuck into his hand, a word of warning from some street preacher, the constantly recurring examples in the commonwealth around him of civic and moral decency constitute guideboards, flaring at the individual from every cross-road, and from which at some time the truth of life shall strike knowledge—self-conscious knowledge—into his bewildered nature. And, on the other hand, as long as the soul of

the transgressor fails to heed and respond to these moral appeals, the fact is plainly evident that he has not yet reached that stage of retrogression where the pains and agonies of an outraged moral and physical nature have succeeded in arousing his sleeping conscience to the seriousness of the situation.

The practitioners in hypnotism, failing to recognize man's evolutionary necessity, rushes headlong in on the scene. To save his man from the impending danger of wandering astray, he bandages his eyes, not realizing that just such a measure will prevent the thus treated individual from finding a safer road for the future. Everything is made smooth and easy. The moral heights he was to climb he is led around, or carried over in a litter; and the estate of peace which he set out to conquer is given to him free of charge and effort; to occupy, not as king and sovereign, but as slave and beggar. From a hero, wrapped in adventurous strife, he is transformed into a moral eunuch—safe from vice, but also safe from virtue.

And Dr. Lindsay proceeds to relate how through his hypnotic suggestion he blunts the young man's appetites, and by removing trying environments also removes conditions which were to compel him to volitional efforts, and self-conscious choice. Dr. L. fights all the battles, defeats all the foes, and leaves the young, morally weak and undeveloped man to reap a victory which he is altogether inadequate to manage.

The false safety of the young man's mind will last as long as the hypnotic force holds his nature under its spell. It may last for years, during which time the young man finds himself in some state of moral administration, depending for his inner equilibrium on the super-imposed subjugation of his animal nature. He has practically gained nothing, but, on the contrary, by being "saved" from the bracing tonic due to moral struggle, is losing opportunities of self-conquests and character development during every moment of his life. In the great economy of Universal Nature the entities render adequate efforts for every attainment, and there is no more reasonableness in the power of Dr. Lindsay to generate the tremendously deep-wrought soul qualities of

character, will and conscience of his patient, than it is for an animal trainer to develop in the domestic hen the flying capacity, visional keenness and power of endurance peculiar to a mountain eagle.

The individual virtue evolved by hypnotic suggestion is comparable to the tameness and quietude brought about in the conduct of a horse by cutting off some of his means of locomotion. For the virtue of hypnotism is negative; it reforms by lowering the vital strength of its subjects, and turns sinners into saints by making them too weak to sin.

The aim of evolution is to round out and strengthen every power and function of its entities. It is not the *inability* to sin that constitutes true virtue, but the power, gained through vital experience, by which the individual may be able so to analyze the phantom of vice that its hollowness and sham are unmistakable, and its attractiveness forever turned into moral disgust.

And to reach this end the healer or teacher must appeal to the judgment and reason, heart and conscience of his subject, and to trust to his soul-nature to do his part. It surely needed no hypnotic suggestions to change a Saul into a Paul, and the conversion from darkness into light of this persecuting Jew on his way to Damascus forms a more or less episode in the life of every human soul.

But though hypnotism in its relation to progress is purely negative, its relation to regeneracy is fatally positive. Hence the action which took effect in the conversion of Paul sprung from powers native to the individual soul in its relation to the divine ideal, and hence beyond the scope of hypnotic influence; while on the other hand, to turn the soul in an opposite direction, to convert a disciple of Christ into a fiendish hypocrite, a Judas, betraying his Master's life for a sordid sum of money, requires the influence of a will and conscience-deadening hypnotism.

And here we arrive at the very heart and center of the subject. For, while the hypnotic suggestion is powerless to change the slave into a man, it continually proves itself capable of turning men into slaves. Encountering too much resistance, too hard work, and too slow re-

sults in his appeals to the refractory, slowly-moved reason and judgment the hypnotizer chooses an easier way and proceeds under the cover of an induced trance state and by the power of a trained, self-centered will, to break through the protective coverings of the mind of his subject. Having thus effected an entrance into the sacred domain of another's mind, he assumes the tremendous responsibility to change its *modus operandus* to suit his own motion, without regard to the individual needs and necessities, peculiar to any entity of evolution. New tastes and inclinations are introduced in the executive offices of the surrendered mind, and organized and co-ordinated into cerebro-spinal mechanism, so as to leave the impression of constituting original, self-generated impulses.

The mines of conversion being thus laid and properly adjusted, the healer withdraws from the field of operation to await the moral explosions and watch their result in the formation of character. Convinced within himself of having saved an individual from threatening moral ruin, he little realizes that the rupture through which he effects his entrance in the "doctored" mind remains wide open. And it is in this connection we find one of the gravest mischiefs of hypnotism. For it is through this breach in the intrenchment of the subjugated mind that a passage is established, inviting for time to come any straggling nondescript thought or slipshod notion to take up quarters and direct the vital activities in the usurped "chambers of the mind."

This susceptibility of hypnotism after once having been subject to its influence may extend throughout the rest of the individual's life, though the permanence of the "cure" itself seems to depend upon the life of the healer, and wear off with it. However, it can safely be said that an individual, once "successfully" under the hypnotic treatment, will never again find himself in possession of the courage, sense of freedom and power of choice, which was his even under the most distressing environments.

A neighbor of mine, whose wife had become impatient with the tardiness and disinterestedness her husband showed with regard to her domestic affairs, de-

cided, on the instigation of a hypnotic "class professor," to take lessons in his strange, alluring art, and when proficient, also teach her imperfect other half a few of them.

Possessing a fairly good power of concentration, she soon got a grip on the practice, and immediately proceeded to subject her husband to its influence. Results were soon forthcoming. The docility of the subject became extraordinary. He found no service at home too mean for his attention. Dish-washing, carpet-beating, chamber-maid work, etc., became to him occupations as grave and dignified as the signing of an international treatise, and equally long-winded. In fact, he spent so much time in his domestic duties that his down-town business began to suffer. He had to be told not only when to commence, but also when to quit. A code of observance which had to be extended even to his operations at the table, where he, if left alone, would indulge until his face and bloodshot eyes showed signs of threatening apoplexy. He gradually had to be guided like a child, and at last got a permanent refuge in the insane asylum at Highland, not far from Los Angeles.

Another occurrence of a similar character is recently reported from St. Paul, Minn., where, during a public hypnotic exhibition, a boy of eleven was made subject to the "suggestion" that he was a rabbit. The suggestion "took" admirably and the audience had a thoroughly good time in watching the little victim's antics.

When the time came to awaken him the "professor" went through the usual manipulations, but failed. He promptly decamped, and is still decamped, while the boy is still a rabbit; that is to say, he is a lunatic, and whether or not he recovers, it is doubtful that the traces of the outrage can ever be wiped away from the workings of his mind.

But these are only two cases out of thousands. Scrupulously or unscrupulously practiced, hypnotism as a consciously and personally directed force, used for the purpose of bringing about changes of the mind in the individual, is irredeemably and unconditionally bad. Let us direct our reformatory and soul-saving ef-

forts to the self-conscious, self-willing, self-choosing man; let us appeal to his reason, his conscience, his heart, but always under the auspices of his own judgment. One single step taken by the man himself is of more evolutionary value than thousands under the gauge and assistance of hypnotism. Civilization and progress are indebted for its historical success to men who neither received nor administered hypnotism, but appealed to the manhood, judgment and conscience of their fellowmen.

[Written for the MEDICAL BRIEF.]

Medical Laws.

BY D. S. MADDOX, M. D.,
Columbus, Ohio.

In the current number of the BRIEF appears a communication from Dr. A. M. Richmond, in which the laws regulating the practice of medicine in the various States are condemned, and suggesting national legislation as a proper remedy. I heartily agree with the writer that our medical laws are absurd and unjust, but the remedy he suggests is, I believe, altogether wrong in principle.

We do not need any Federal laws to regulate the practice of medicine. Federal legislation would prove a bigger mistake than have our present State medical practice acts. We do not need *more* laws on the subject, but *fewer* laws.

I doubt whether a Federal law of this nature could be passed, for it would certainly interfere with the constitutional rights of the sovereign States to regulate their own internal affairs. Each State in the Union has, and ought to have, the right to regulate its own affairs, medical and otherwise.

The destruction of State sovereignty and the centralization of power at Washington would be inimical to our liberties, and might result in the ultimate overthrow of our present form of government and the establishment of an oligarchy, or worse. The way to remedy the medical legislation evil is not by Federal interference. To attempt to do so would, I firmly believe, be jumping from the frying-pan into the fire. The State legislatures are the bodies that make these vi-

cious medical laws, and it is to them that the profession must look for relief. About ten years ago medical legislation became a fad, or craze, which spread all over the country, and State legislatures, egged on by irresponsible medical politicians, vied with one another in turning out these queer and unnecessary laws to regulate the doctors. But there are signs that the craze has now reached its limit, and that a healthy reaction is about to take place.

The rank and file of the medical profession are at last waking up to a realization that they have been most shamefully bunkoed by the medical politicians. The laity, also, are beginning to see that these laws, which they were told were for their protection, are delusions and snares; that instead of affording them any sort of protection they merely deprived them of their inalienable right to employ medical attendants of their own choosing. The sentiment against these iniquitous medical laws is rapidly growing, and there is already in every State a large body of liberal-minded physicians whose influence and concerted action will soon be felt. State legislatures will be asked to so modify these laws that the profession will no longer be at the mercy of arbitrary boards of health, and boards of examination and registration. If the liberal element in the profession will only stand together and work for the common weal, State medical trusts and boards of all sorts, that are now oppressing the people, will soon be things of the past.

A diploma from a respectable medical school is *prima facie* evidence that the holder is qualified to enter upon the practice of his profession. No examination by any State board can lessen or increase the holder's qualifications. State examinations in such cases are unnecessary, unjust and altogether absurd. No one is benefited by them, save the examiners, who, in most cases, receive a fat *per diem* and mileage. Moreover, this remuneration is in many instances in excess of what some of the examiners are capable of earning in the same time by their professional efforts.

In conclusion, I venture to predict that the time is not far distant when this craze for restrictive medical legislation will subside entirely, and when a physi-

cian's diploma will be the only license required to practice in any State in the Union. I may be too optimistic, but then optimism is only another name for hope, and without this spiritual quality within us we may not expect to accomplish reforms or win battles.

[Written for the MEDICAL BRIEF.]

Carbolic Acid a Scientific Magic.

BY ROBERT GRAY, M. D.,

Pichucalco, Chiapas, Mexico.

Some time since, I read in a French medical journal a flaying criticism of Dr. Ben H. Brodnax, Brodnax, La., because he professionally affirmed that pure crystal carbolic acid, liquefied by a hot bath in an uncorked bottle, was a hundred times more effective and less painful than a one per cent solution, and absolutely non-toxic, whether externally or hypodermically applied to human anatomy.

I met Dr. Brodnax in New Orleans when a young man, and accidentally knew sufficient of his subsequent history to satisfy me that he was incapable of circulating a medical hoax, fraught with pernicious possibilities, as his French critics undoubtedly and honestly believed.

Not long afterwards, I was called to see some victims of a common country free-fight in Central America, classically termed revolutionary warfare. There were six of them well hacked up by edged weapons; plenty of deep, gaping cuts, stinking, as horses dead for a week, apparently gangrenous, the truth of which I made no attempt to ascertain. Their agony was appalling, even to me, then long inured to horrid scenes in that distracted country. I was at my wits end, without remedy, when I recalled what I had read about Dr. Brodnax. I reasoned that nothing could render their physical torture more intense; that death was inevitable under existing circumstances, and that if the acid killed as quickly as electrocution, as the French scientists asserted would be the consequences, its use might prove a blessing to my hapless patients. Hence, I mopped the wounds of the one most nearly dissected thoroughly with pure liquid acid, using a big feather, and was astounded to see that he grew

tranquil and went to sleep at once, while the fever, which must have been 41° C., fell to normal within an hour. Acid used was not weighed, but was at least two hundred grains—toxemia in solution for a host of men—applied freely and directly to naked flesh. There were no toxic symptoms, nor heart disturbances. The remaining five were at once thus treated, with results equally propitious. It is almost superfluous to say that the nauseating stench at once disappeared. The wounds healed rapidly without more pain or medicine.

Subsequent microscopic examination, same day acid was applied, proved that as soon as it passed the putrid and touched the healthy flesh, an impenetrable albuminate was formed with the blood serum, rendering any degree of absorption out of all question.

I have since used, times unnumbered—I am using almost every day—pure liquefied crystal, in all classes of wounds, ulcers and old sores, with results that no other remedy approaches. Applied to fresh burns the pain subsides at once and the cure is prompt. Injected into boils, ulcers and tumors of any character, while growing, they are aborted and die painlessly.

Syringe should be charged with warm acid, and kept in hot water till ready to use, to prevent crystallization in the needle. Quantity depends on requirement of disease—three or four drops in small boils, etc. When the inflammation is very large and much aggravated, it should be injected at various points.

Do not be afraid of it—not even in ulcers, fistulas and abscesses of the rectum and anus, where one application almost always suffices. You have people using sixty-five per cent solutions with sweet oil, glycerin and the like, in diseases of the rectum and anus, among them, Dr. Monroe, of Louisville, if I remember correctly. Why thus diluted, I am unable to conjecture, as the pure article is less painful and entirely harmless to the physical anatomy. You have your speculums, syringes, needles and lights and anesthetics, necessary for rectal work, while French makes are the vogue here. There is no hypodermic pain more than that caused by the en-

trance of the needle, the acid being an anesthetic of matchless quality, that kills the agony where it is applied, instantly, in the most painful boil or ulcer.

Equal parts crystal acid, chloral hydrate and camphor gum constitute a compound deadly to ringworm, other skin diseases and rhus poisons, that causes slight inconvenience to patients, the pure acid being unsuitable for delicate, tender cutaneous surfaces, though less painful than the compound. Caustic action of pure acid destroys the healthy skin, which the compound does not injure. Extensive application of the compound produces no toxic symptoms, which would certainly supervene from similar quantity of a much weaker aqueous solution. Alcohol perfectly antidotes carbolic acid externally and internally.

Brother readers of the BRIEF, prove out the possibilities of pure carbolic acid, as revealed by Dr. Brodnax, and you will combine and rear him a magnificent monument, as a benefactor to the profession and the human race. I will contribute my part on demand.

The scientific Frenchmen ridiculed Dr. Brodnax, probably because he was a rural physician in the United States, rather than a brilliant medical light in a big European city. The same Frenchmen lauded Koch to the skies, but could not sustain him in the temple of fame after his marvelous theories passed the crucial test of inexorable practice, where all methods and men stand or fall on the strength or frailty of intrinsic merit. I owe Dr. Brodnax more than all the textbooks and medical writers of the age can claim at my hands, though I saw only the criticism of his contribution to medical science, and I am not ashamed nor afraid to make the confession.

I forgot to say earlier that compound crystal, chloral and camphor, equal parts, with olive oil, makes the best catarrh remedy I ever saw. I have perfectly cured several chronics; and for colds or influenza in head, there is no equal. What sticks to tip of finger over mouth of vial put well up into each nostril and energetically snuffed two or three times daily, is my way of using it. It is not painful, as one might suppose, with some seventeen parts pure crystal acid.

Regular Board Medical Examiners State of Georgia—Atlanta, Ga., April 5, 1905.

E. R. ANTHONY, M. D., Griffin, Ga.,
President.

F. D. PATTERSON, M. D., Cuthbert, Ga.,
Secretary and Treasurer.

MATERIA MEDICA AND THERAPEUTICS—W. D. TRAVIS, M. D.

1. Name chief indications for the use of opium.
2. Give symptoms of opium poisoning and treatment, and show with what diseased conditions these symptoms might be confounded.
3. Name two respiratory stimulants and two vaso-motor depressants, with indications for use, dose and usual method of administration.
4. What ratios do hypodermatic and rectal dosage bear to that by the mouth?
5. Name two best diuretics, and give doses.

SURGERY—J. B. S. HOLMES, M. D.

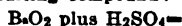
1. Define surgical shock. (a) How would you treat it?
2. Describe an operation for the radical cure of oblique inguinal hernia.
3. Describe Halsted's operation for the removal of the breast.
4. Describe an operation for amputation of the thigh at the middle third.
5. What is Colle's fracture? (a) How would you treat it?

ANATOMY—F. M. RIDLEY, M. D.

1. Give origin, course and distribution of pneumogastric nerve. Name groups of spinal nerves and number in each group. Describe solar plexus. Give brief general description of sympathetic nervous system.
2. Give divisions of spinal vertebra. How would you identify bones of cervical vertebra; of dorsal vertebra? Name bones of carpus; of tarsus. Name bones of pelvis.
3. Name muscles comprising quadriceps-extensor-femoris. Describe triangles of neck by diagram.
4. Describe circle of Willis. What is relation of external to internal carotid artery? Name branches of external carotid artery.
5. Describe diaphragm. Describe heart. Give names, and relation to bones and muscles, of blood vessels found on cross section at middle of thigh.

CHEMISTRY—DR. E. R. ANTHONY.

1. What is a normal salt? An acid salt? A double salt?
2. Differentiate sulphates and sulphites.
3. What is the chemical name of Epsom salt? Glauber's salt? Give the formula of each.
4. How does hydrogen dioxide act as an antiseptic?
5. Complete the following equation and name each resulting compound:



PRACTICE—DR. F. D. PATTERSON.

1. Etiology, symptoms and treatment of lobar pneumonia.
 2. Define scarlet fever. (a) Describe proper method of handling case.
 3. Etiology, symptoms and treatment of cholera infantum.
 4. Define nremia. (a) Give most important diagnostic symptoms. (b) Give treatment.
 5. Source of malaria. (a) Give treatment, both prophylactic and curative.
- April 6th, 1905.

MATERIA MEDICA AND THERAPEUTICS—W. D. TRAVIS, M. D.

1. Give symptoms of carbolic acid poisoning and the treatment.
2. From what source is digitalis obtained? Name two preparations and their dosage, and compare its action with that of strophanthus.
3. What are mydriatics? Myotics? Name a few of the most important in each class.
4. Give composition of Fowler's solution, Dover's powder and pulvis effervescens compositus.
5. What would you consider a safe dose of strychnine sulphate? Chloral hydrate? Hyocine hydrobromate? Pilocarpine hydrochlorate? Morphine sulphate? Aconitine nitrate? Apomorphine hydrochlorate?

PHYSIOLOGY—DR. E. R. ANTHONY.

1. Name the seven functions of the skin.
2. Name the five digestive juices, giving briefly the action of each.
3. Name the three things constituting one action of the heart and their time.
4. What is the volume of air taken in the body in an ordinary inspiration? How much of this is oxygen, and how much of the oxygen is absorbed?
5. What three cranial nerves are for special sense? What six are exclusively motor? What three are compound?

OBSTETRICS—DR. F. D. PATTERSON.

1. Give management in breech presentation.
2. Give certain and uncertain signs of pregnancy.
3. How would you manage a prolapse funis? (a) What are the dangers?
4. What are the dangers to the child in breech presentation? (a) Describe extraction.
5. Etiology of puerperal eclampsia. What would be your treatment?

PATHOLOGY—F. M. RIDLEY, M. D.

1. What are the changes in inflammation? What is the pathology of erysipelas?
2. What is the pathology of phthisis pulmonalis? Give method of staining tubercle bacilli.
3. Describe pathology of malaria. How is the malarial parasite introduced into the blood? Describe its developments in the blood. Name the three plasmodi.
4. Give points of differential diagnosis between sarcoma and carcinoma.
5. Name types of nephritis. Give pathology of parenchymatous nephritis.

GYNECOLOGY—J. B. S. HOLMES, M. D.

1. Give differential diagnosis between gonorrheal and acute simple catarrhal vaginitis.
2. How would you treat a cyst of the vulvo-vaginal gland?
3. Name the conditions for which you would advise a hysterectomy. (a) Describe the operation by the abdominal route.
4. How would you treat a recto-vaginal fistula?
5. What are the symptoms of carcinoma of the uterus? (a) Treatment?

[Written for the MEDICAL BRIEF.]

Miscarriage.

BY W. L. KREIDER, M. D.,
Prairie City, Ill.

In the March number of the *MEDICAL BRIEF*, on page 222, I read an article giving directions how to manage a case of miscarriage, in a word, every time from one month to nine.

The method of terminating gestation.—The method, as directed in that article, to my mind, is a very dangerous one, to say the least. I do not believe it is ever necessary to dilate the cervical canal. A female sound, when properly used, is all that is necessary in any case. Then give Nature sufficient time to do the work, and you will always be on the safe side. Irritate the parts as little as possible. I have practiced medicine for more than forty-eight years, have attended many cases of confinement, from one month to nine; have attended as high as ten cases in a week, and have never lost but one case. She was regularly confined, had twins, both male, and both lived. Two hours after confinement she had a convulsion, and had twenty-seven more, and died twelve hours after the first convulsion. I think this is a remarkable record, and that any physician should feel proud of it. Many physicians nowadays are using strong antiseptics. I fear frequently they do much harm. I never have used anything but warm water to keep the parts clean, without soap or anything. Water alone will cleanse the parts perfectly, when properly used, and will leave them in a much healthier condition than when antiseptics are used. I look upon it as bad practice to keep a woman in bed two weeks after a mis-

carriage. When all goes well, three or four days is long enough.

I would ask my medical brothers to stop and think. I have thought out things that were as new to me as though some one had told me. Rely on your own good judgment and do not follow the fads of the day.

[Written for the MEDICAL BRIEF.]

Various Types of Typhoid Fever.

BY J. W. BRYANT, M. D.,
Shamrock, Mo.

Do we have a true type of typhoid fever west of the Mississippi River? Some doctors have an abundant crop (?) of it in early summer, mid-summer and autumn. I have had cases that approached typhoid in their course, but the bowels presented no symptoms of the lesions described in the text-books. And again, I have had cases that are ordinarily designated as typho-malarial where there was a copious, watery, bilious diarrhea without hemorrhage, but with much tympany of the bowels. The evacuations of the bladder would be green. Duration of illness from five to eight weeks. Convalescence followed by loss of hair.

The question continues to present itself to my mind, why the old-fashioned name of bilious fever would not still be more correct (certainly more descriptive) than typho-malarial, when there is such a lack of typhoid symptoms?

In September, 1902, I was called to see a girl, twelve years old, living on a hill, near a water course. I found her with a remitting type of fever. She had quit school ten or twelve days before I saw her, on account of the fever coming up; and her folks had been trying to break the fever with domestic remedies. I put her upon an anti-malarial treatment, and after a more or less worried course, dismissed her on the twenty-fourth day from my first visit. In six days I was called back. Her temperature was 104° F., pulse one hundred and twenty. She was vomiting bile, and voiding bile from both bowels and bladder. The relapse was brought about by her folks giving her all the fruit she could eat. I had a

very bilious case on hands for another twenty-nine days. Counting up, we have ten days before I saw her; then, twenty-four days under my treatment; six days I was absent; then, twenty-nine days under treatment again; making a total of sixty-nine days. There was no delirium, no hemorrhage from the bowels, no petechia. The skin was of an icterode hue. The hair fell out in convalescence. There was some nervousness, but it was due to an overtaxed system.

While I was treating the above case, I was called to see a negro man, aged twenty-two, who had, the day before I saw him, been brought to his home in Callaway County, Missouri, from Jacksonville, Illinois. I found him with a temperature of 104° F., pulse one hundred and ten, coated tongue, a bloody-watery diarrhea. Under the opiates to control his bowels, he had a mild delirium. His parents asked me if he would not have inflammation of the bowels by keeping them locked so long. I warned them that perforation of the bowels might result from a movement. The first week, the bowels were controlled nicely, but the continued delirium of the patient frightened the negroes—that and the fear that inflammation of the bowels would set up by the enforced constipation. The second week, they began to neglect the bowel remedy; the intellect cleared up, and the bowels began to move. Two considerable hemorrhages brought the negroes to their senses. They began to give bowel remedy regularly, and the hemorrhages were brought under control. After the hemorrhages, the pulse reached no higher than ninety-two, temperature no higher than 101° F. But the man was endowed with a strong constitution and made a rapid recovery.

This case of typhoid was imported from Illinois.

Last May I attended a case (that extended well into June) that had all the symptoms of typhoid, except bowel symptoms; there was mild delirium, subcutaneous tendinum, and the rose-colored spots; dry, cracked tongue. Constipation was so persistent that I resorted to a mercurial purgative about twice a week during the twenty-one days he was under treatment.

After treating this early summer case, September brought me a series of cases, very similar to the case with which I opened this article—the bilious type. Then there were two walking cases of a low grade of fever; thick, yellow coating on tongue, moist skin, constipation, no delirium, no subsultus. A chronic malarial toxemia.

When I was fortunate enough to reach a case at the outset, I gave a stirring mercurial, and followed with four-grain doses of quinia sulph. regularly, and an anti-pyretic remedy. The case would either be aborted or much shortened. A week's neglect would be followed by a long, tedious attack. The time (in the course of a case of fever) that a physician is called has much to do with the line of treatment. When a case enters upon a chronic course, strychnine and arsenic are indicated. The patient is not so capable of bearing the heroic doses of calomel and quinine as he was at the onset. I find that the present coal tar remedies are quite effective in high fevers. No rule of treatment holds good in all cases, because each case has an individuality of its own. Fevers in the city have features dissimilar to kindred cases in the country. Malaria is a more or less complication of all fevers in the country, while typhoid approaches nearer a true type in the crowded city.

[Written for the MEDICAL BRIEF.]

Some Practical Items.

BY E. R. ELLIS, M. D.,

Detroit, Mich.

While there are many things in the practice of medicine and surgery which have not any one invariable rule or method thereon, there are some in which very easy and simple means are best, and still sometimes overlooked.

In epistaxis, I have frequently found that directing the patient to press his finger against the side of the nostril which does not bleed and instruct him to draw in deep, full breaths over the bleeding surface, and expire through the open mouth, quickly stops the hemorrhage.

Let him first blow his nose freely, so as to remove clots, and then inhale and

exhale rapidly for several minutes as above. The cool air goes in over the raw surface and comes out warm through the mouth, and cool air, as we all know, is one of the best hemostatics.

In the syncope, or collapse, which often attends the giving of chloroform, or other anesthetic, a method which is always at hand and may be instantly used, is that of inverting the patient. Let his head hang to the floor, and jig him up and down in this inverted position, as you would rinse an empty milk bottle—will speedily cause him to catch his breath and remove all danger. I tried this plan over thirty years ago, and it has never failed me since. What is peculiar in these cases is that those which are most fatal generally attend on the first or second inspiration of the anesthetic. The drug seems to paralyze the heart, the blood settles away from the brain, and the syncope or collapse which follows is most alarming and sometimes fatal. Inverting the patient, as above, turns the blood back to the brain and is the remedy which is always at hand and effectual.

A modern fad among surgeons is circumcising boys, and even babies. This is a most cruel, brutal and unjustifiable procedure. All male children should be looked to frequently to see whether or not they have constriction or adhesion of the prepuce—one or both. In such case it is not difficult to completely remove the trouble without mutilating the organ in the least. Where there is adhesion, the part can be torn loose by forcibly pushing the foreskin back over the glans and cleaning out the smegma which is very sure to have collected there. If the foreskin is too much contracted to be pushed back, the contraction is confined to the mucous, or inner layer, and not to the skin proper, or outer layer. In this case, strain back the outer layer as far as it will easily go, and with the knife or sharp scissors, inserted under the mucus lining, slit it up on the dorsal side freely. Then insert a stitch at the sharp angle of the inner and outer layer with one or two more stitches on the sides, and you have a perfect job. The skin, or a portion of it, turns under and eventually changes to mucous lining, enabling the foreskin to move freely back and forth, whereby the glans can be kept

clean and protected by the cover which nature has provided.

Circumcision leaves the glans bare and subject to much irritation from the clothing with an uncouth fold or ruffle of tissue about the organ. Ten years ago, I drew up a bill and sent it to our legislature, making the circumcising of a child or minor a crime. It was not acted upon, as I expected, for I mainly wished to call public attention to this brutality, hoping to discourage, and even prevent it. I was induced to do this from witnessing the screams and frantic actions of children of Jewish parents, who had been recently thus mutilated, on the sight of a doctor or strange man, for a long time afterwards. A man, be he doctor or not, who will thus mutilate a helpless child ought to be very much ashamed of himself, if he is not prosecuted. As a religious "rite" it is absurd, when forced upon a child, and can have no "saving" effect. After adult age is reached, a man should have the operation performed on him if he desires. But how many would in such case? Very few, I am sure.

20 Wilcox Street.

[Written for the MEDICAL BRIEF.]

Summer Complaint.

BY J. C. BRISTOW, M. D.,
Wayne City, Ill.

I must tell you of a new treatment used in this place for summer complaint in a child that a woman brought to me for treatment. I asked the grandmother, who brought the child, what it was that was tied around the child's neck. She said that it was a mole's foot that was tied on the back of the neck and a chunk of brimstone tied under its chin. The child looked like it was at death's door, but of course, it got well. I am in the eightieth year of my age and the fiftieth of my practice; had lived in Kentucky in the "good old slavery days," knew the rabbit-foot charms, and of other hoodoo doings of the slaves, and had also read of some wonderful remedies of the Celtic Druids, but it seemed to me that this mole's foot arrangement outranked them all.

[Written for the MEDICAL BRIEF.]

Placenta Previa—Drug Addict.

BY W. S. ROBINSON, M. D.,
Nashville, Ark.

We can not select a plan of treatment suitable to all cases of placenta previa. The state of the cervix, the degree of hemorrhage, the variety of the placenta previa, would determine the course of action in any given case. With an undilated cervix, the placenta being central or a large margin over the os, we are confronted with a grave emergency, requiring judicious and prompt treatment.

I believe that it is agreed among obstetricians that as soon as the cervix is dilated, version is the ideal treatment.

Usually placenta previa announces itself by profuse hemorrhage, the patient is partly exsanguinated, and the cervix, as a rule, is sufficiently dilated to introduce one or two fingers. I have never seen a case in which two fingers could not be passed through the cervix when there had been profuse hemorrhage.

The central variety should be handled with the greatest expedition. It is this type of cases that is most serious from the standpoint of hemorrhage during and after labor. Sure, you must not waste time with tampons or your rubber bags or any artificial means to plug the cervix, but dilate sufficient to introduce your fingers and do bipolar version.

"That man will have the best results in placenta previa who least regards the life of the child."

We should have at hand the appliances to treat this alarming condition. The insertion of the utero-vaginal tampon from the fundus to the vulva, should be kept in place for twenty-four hours and gradually removed.

We do not meet the cases under ideal conditions, and I doubt the possibility of making a diagnosis of placenta previa before hemorrhage occurs and at a period of pregnancy when the child is viable. Hemorrhage before viability is very rarely serious, and as a rule we may carry the woman to the end of the seventh month, but hemorrhage beginning before the end of the sixth month should make us look very closely for placenta previa centralis.

When it becomes certain that it is placenta previa that you are dealing with, I believe it is our duty to induce labor at once.

"The risk to the woman increases progressively to term after the first hemorrhage."

In cases of central previa it may be necessary to go through, or tear off a portion of the obstructing placenta. It is sometimes easier to tear away a portion than to perforate the placenta; in all cases the condition of the mother demands rapid work. And remember when it is necessary to tampon it is no simple matter, but requires skill, patience and yards of gauze. I prefer carbolyzed, creolin or boric acid gauze. It matters very little the kind of antiseptic with which it is saturated, but I prefer not to use iodoform, and never use bichloride gauze.

With something over one hundred cases of drug addiction treated successfully with hyoscine, I am more and more convinced that it (hyoscine) is an antidote for any and all cases of the drug habit. The profession should pay more attention to these cases (drug addiction), and there would be fewer of these so-called "sanitariums" and "home treatments," owned by laymen and supervised by inefficient medical men, who fleece these poor unfortunates.

[Written for the MEDICAL BRIEF.]

Macrotys—Black Cohosh.

BY WM. A. ILES, M. D.,
Urbana, Kan.

The specific tincture, or any good preparation made from the fresh root.

This is the remedy for muscular rheumatism, not the result of local inflammation. It is also one of our most reliable female remedies.

Scudder says, associated with pulsatilla, it is a specific in many cases of dysmenorrhea. It should be given three or four days before the expected period, and continued until the flow is free. In amenorrhea it is also one of our most efficient agents. In rheumatism of the uterus, to relieve false pains, or the many unpleasant sensations attending pregnancy, it has no equal in the *materia medica*, and becomes a true *partus prepurator*.

Bartholow says there is little doubt that it increases the contractility of unstriated muscular fiber in a manner similar to ergot, but much feebler. It stimulates the venereal appetite in man, and promotes the menstrual flow in woman.

In a practice of more than twenty years, following the indications for the use of macrotys, I have never been disappointed. In treating cases of threatened abortion, before the membranes are ruptured, alternated with specific viburnum, I have not had a failure. I have used macrotys in cases of false pains that sometimes come on a few weeks before the time for true labor with unvariable success.

For the pains and unpleasant sensations that occur during the last months of gestation, give five drops, three or four times daily. It will give great relief, and your patient will bless you when she comes to her confinement. I would say to the young doctor, give this remedy a thorough study, and a fair trial, and it may be that a wider range of usefulness may be found for it than we now have any knowledge of.

[Written for the MEDICAL BRIEF.]

A Plea for More Thorough Examination in Stomach Troubles.

BY W. J. HODGES, M. D.,
Pineville, Ky.

I take it that there is scarcely one of us who would attempt to diagnose or prescribe for any kidney lesion without having made a chemical examination of the urine.

But on the other hand, however ready we are with pencil and blank to scratch off our favorite mixture of strychnine, acid and pepsin, or arsenic pancreatin and rhubarb to every one who comes to us with stomach symptoms, and in the most cases adding fuel to the fire, simply because we do not know the chemistry of the contents of the stomach for which we are prescribing.

Why the difference? The chemistry of the stomach secretions are as well known as is the chemistry of the urine, and the analysis is as easy in the one case as the other, it being equally as difficult to arrive at a proper diagnosis without a chemical analysis in either,

Then why show preference to the kidney lesion? Certainly it is not because we can do more for them. The reverse is true. Then let me plead with you to analyze the contents of patients' stomachs and see how many of your favorite digestive compounds are worse than useless.

[Written for the MEDICAL BRIEF.]

Hemorrhoids.

BY CHARLES L. CRIDER, M. D.,
Crooksville, Ohio.

Hemorrhoids which, for various reasons, do or can not be treated surgically, may be successfully treated, and seventy-five per cent permanently cured by the internal administration of ichthyol in from ten to fifteen minim doses every four hours, in pill or capsule. Never attempt to give ichthyol per orem other than as above prescribed, as it is very disagreeable and the patient will either not take it at all, or very irregular.

[Written for the MEDICAL BRIEF.]

Treatment of Acne.

BY I. G. DOANE, M. D.,
New York City.

Dr. A. H. Ohmann-Dumesnil, an eminent physician and dermatologist, of St. Louis, uses the following ointment for acne:

R Sulphuris.....	1	drachm.
Acid Salicylic.....	$\frac{1}{2}$	scruple.
Resorcin.....	$\frac{1}{2}$	scruple.
Vaseline.....	1	ounce.

M. Sig.; External use.

Face baths of warm water, correction of the secretions, regulation of the diet, and punching out of acne pustules complete the treatment. Every specialist knows what is necessary, and will suggest such means and methods as are necessary.

Multiple Examination.

LINCOLN, NEB., April 4, 1905.

EDITOR MEDICAL BRIEF—Allow me to congratulate you on the stand that you have taken against multiple or dual examination of physicians every time he crosses the boundary line of a State. The physicians in every State should feel an

interest in this important question, and thank you for the stand you have taken and presented through the MEDICAL BRIEF. Multiple examinations required of physicians who have graduated from reputable medical colleges (who, for reasons best known to themselves, move from one State into another, and there be subjected to re-examination, sometimes by catch questions and incompetent boards) is an insult to the educated physician. If every State used different textbooks on anatomy, physiology, pathology, surgery, *materia medica*, etc., or if the treatment of contagious, infectious and all other diseases would have to be changed, etc., then re-examinations would be justifiable, but under existing circumstances those multiple examinations are humiliating to the educated physician who had complied with all the requirements of a reputable college, viz., four years in college and final examination as to his proficiency to practice medicine. I believe like the Editor, viz., we ought to have some national legislation to regulate this injustice. Let every physician send in his protest with *bracketed* interrogation points (?). WM. PROTZMAN, M. D.

[Written for the MEDICAL BRIEF.]

To Abort Pneumonia.

BY J. M. FRENCH, M. D.,
Milford, Mass.

1. You must be called in the first stage, the earlier the better.

2. Apply a mustard paste to the affected side and follow this with a hot poultice, using any of the formulas having kaolin as a base.

3. Secure elimination by giving calomel in divided doses, followed by a saline.

4. Treat the fever with aconitine or veratrine, guarded if necessary by strychnine and digitalin, in solution, and dosage for effect.

5. As a respiratory antiseptic, administer carbonate of creosote, one teaspoonful in hot milk four times a day to an adult.

With this plan, begun early and carried out faithfully, you can abort a large proportion of your cases of pneumonia.

7

